

Name
in
Full

CERTIFICATE OF DEATH

Thomas Angell

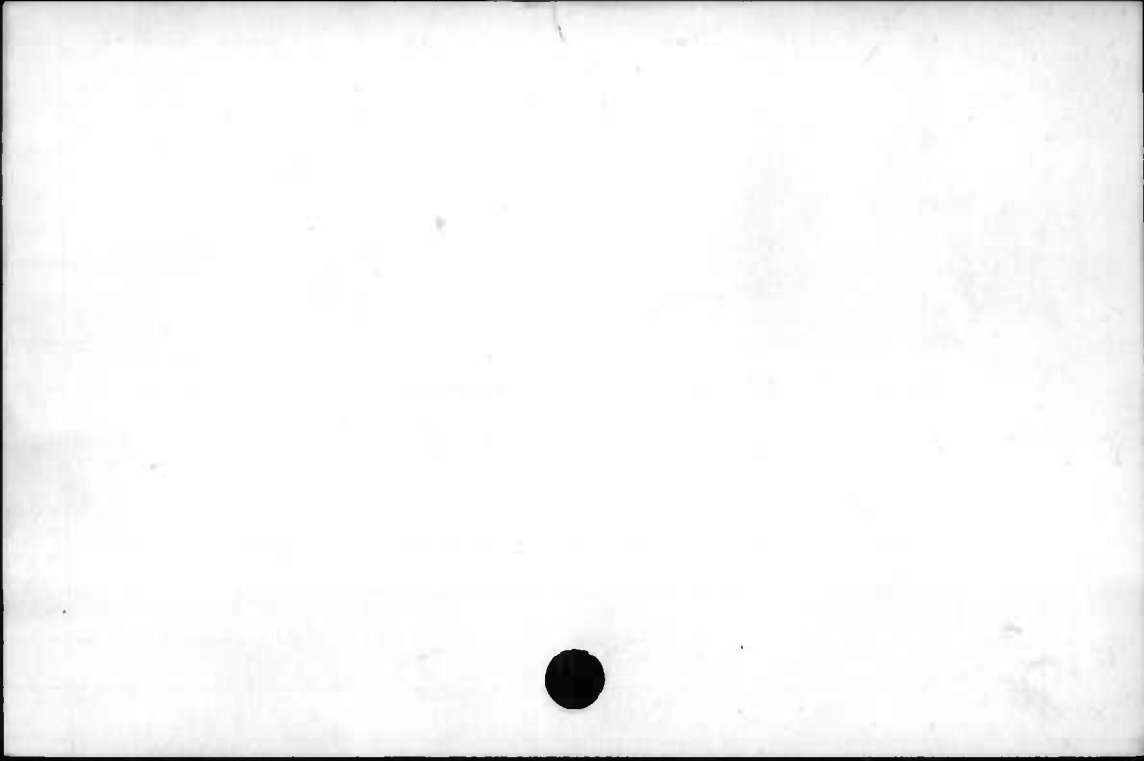
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Paneytown</u> ^{Town}		<u>Canvill</u> ^{County}		MARYLAND	
Date of death	<u>1906</u>	Month <u>Oct</u>	Day <u>1st</u>	Age <u>68</u>	Years <u>3</u> Months <u>26</u> Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Paneytown</u>		
Occupation <u>Laborer</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Adelaide Angell</u>			
Father's Name <u>Wesley Angell</u>		Father's Birthplace <u>Mr Caneytown</u>			
Mother's Maiden Name <u>Elizabeth Shinner</u>		Mother's Birthplace <u>Mr Caneytown</u>			
Name of person giving information <u>Charles Angell</u>		How related to deceased <u>Son</u>			

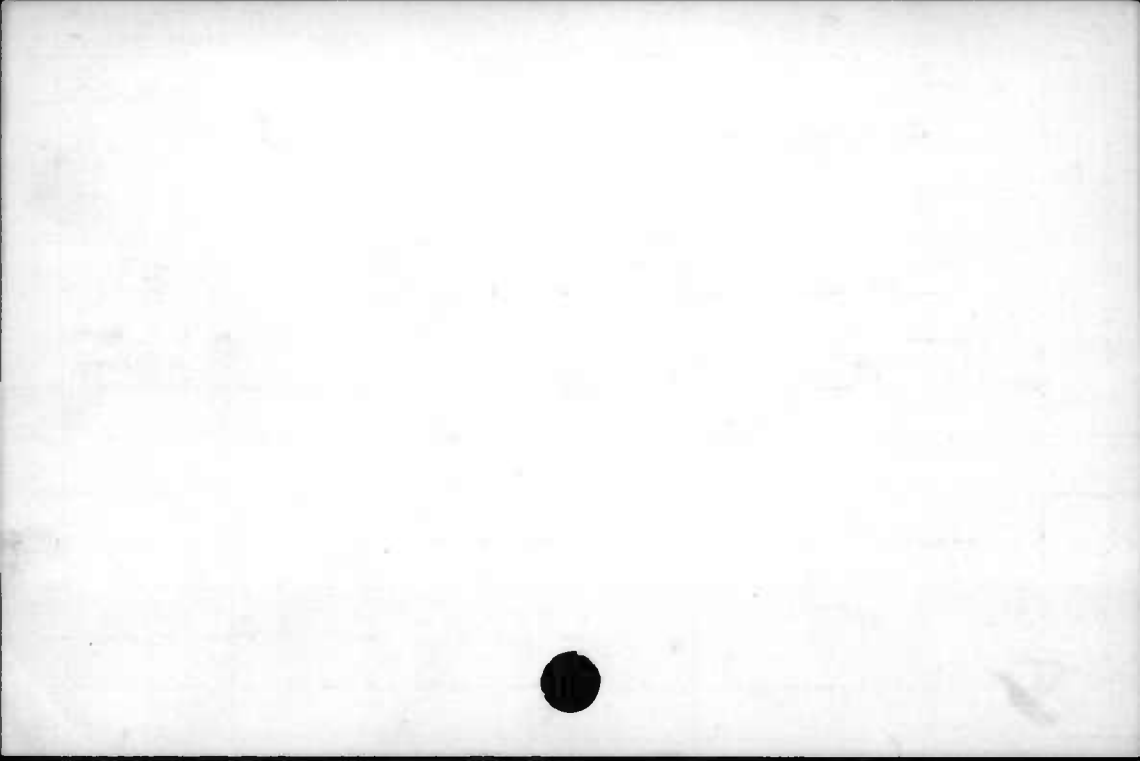
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Aortic Regurgitation</u>	How long	<u>12 months</u>
Immediate	<u>Cardiac Neuralgia</u>	How long	<u>few minutes</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Chandor M. Berner</u>	
		Address <u>Paneytown</u>	
		<u>Md.</u>	
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH			
Sarah E. Baile		Town near <i>Midfield</i>		County <i>Canoll</i>	
Died at		MAYLAND			
Date of death	1906	Month	10	Day	27
Age	62	Years	62	Months	2
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	Housewife	Where Residing if not at place of death near <i>Midfield Md.</i>			
Married, Single or Widower	Married	Name of Widow Husband	<i>Fletcher A. Baile</i>		
Father's Name	<i>Noah Pennington</i>	Father's Birthplace	<i>Maryland</i>		
Mother's Maiden Name	<i>Elizabeth</i> <i>Hardman</i>	Mother's Birthplace	<i>Maryland</i>		
Name of person giving information	<i>Wm. L. Baile</i>	How related to deceased	<i>Son</i>		
CAUSES OF DEATH 15					
Primary	<i>Degenerative atrophy of Spinal cord</i>			How long	<i>2 yrs.</i>
Immediate	<i>Cerebral softening</i>			How long	<i>6 mos.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. D. Crook</i>			
yes		Address <i>Midfield</i>			
Accident or Suicide?					



Name

in
Full

M 87

CERTIFICATE OF DEATH

John Thomas Barnes

Town

County

Died at

~~Great~~ ^{East} ~~ist~~

Carroll

MARYLAND

Date

of death 1906

Month

Oct

Day

15

Age

54

Months

3

Days

22

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Danner

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Caroline Toole

Father's
Name

George N Barnes

Father's
Birthplace

Maryland

Mother's
Maiden Name

Ann Beecraft

Mother's
Birthplace

Idaho

Name of person giving
information

Thos H Murphy

How related
to deceased

Step Son

CAUSES OF DEATH

Primary

Typhoid fever

How long

3 weeks

Immediate

Collapse heart failure

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Dr S. N. Gammock

Address

Gammock

Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Sharon

Bethesda Church

Name
in
Full

no 80

CERTIFICATE OF DEATH

Josephus Baukend
Town Westminister - Carroll County

MARYLAND

Died at near Westminister - Carroll
Date of death 1906 Oct 10 Age 64 Months 9 - Days 28
Sex Male Color or Race White Birthplace Carroll Co. Md

Occupation Farmer Where Residing if not at place of death Carroll Co. Md

Married, Single or Widowed Married Name of Wife or Husband Mrs S. H. Baukend -

Father's Name Mr Peter Baukend Father's Birthplace Carroll Co. Md

Mother's Maiden Name Mary Hempstead Mother's Birthplace Carroll Co. Md

Name of person giving information Mr Baukend How related to deceased Sister

CAUSES OF DEATH

Primary Typhoid (46) How long 2 yrs.
Immediate Heart How long long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John S. Mathews
Westminister, Md.

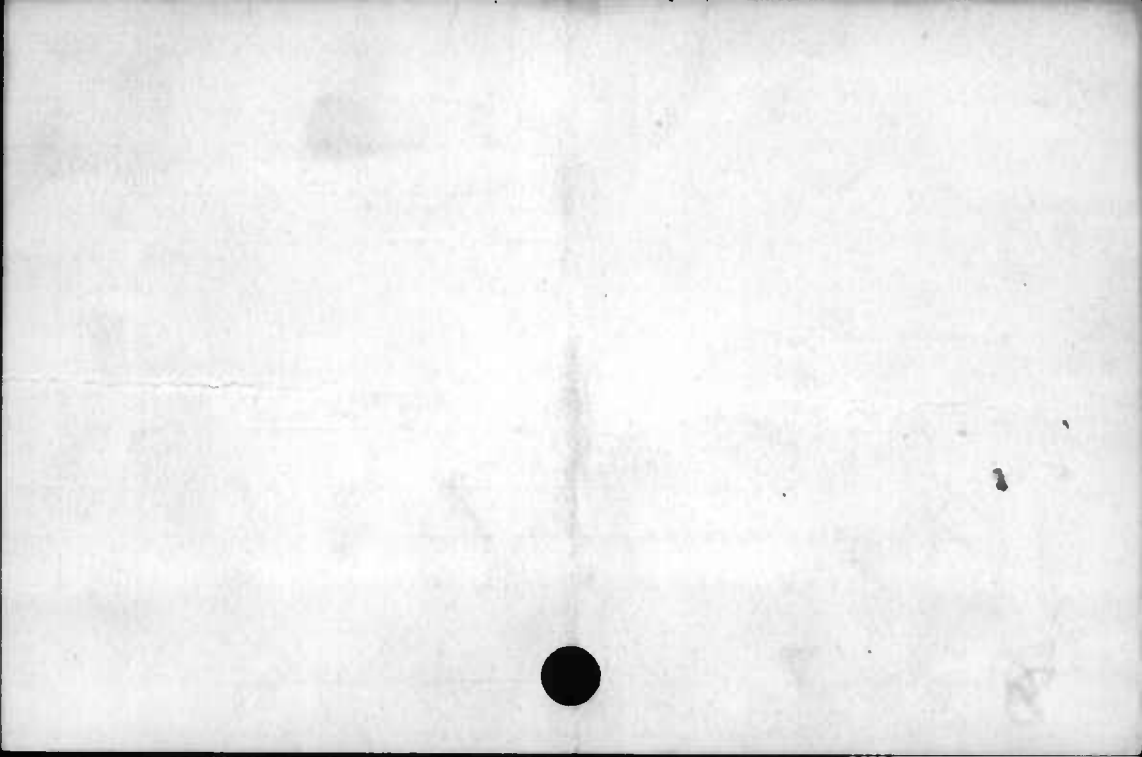
Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Dr Benjamin

Name in Full		Fannie Berry				CERTIFICATE OF DEATH		
		Town		County		MARYLAND		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Leanroll				
		Hoods mill						
		Date of death		1906	Month	Oct.	Day	5th
		Age		four months		Months	four	
		Sex		Girl		Color or Race	color	
		Birth place		Leannoll Co.				
Occupation		Where Residing if not at place of death						
Married, Single or Widowed		married		Name of Wife or Husband Mary Smith William Berry y				
Father's Name		William Berry				Father's Birthplace Howard led		
Mother's Maiden Name		Mary Berry				Mother's Birthplace " "		
Name of person giving information		William Berry				How related to deceased Mother & Fath.		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Whooping Cough		How long		
		Immediate		Capillary Bronchitis		week		
		Are the name, age, sex, color, date and place correctly given above?		yes		How long		
						4 days		
		Signature of Physician		E O Crout				
		Address		Winfield Md.				
		Accident or Suicide?						



Name
In
Full

Sarah Ann Brashar

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Mount Airy Carroll

Date

of death

1901 October

Day

3

Age

Years

74

Months

9

Days

Sex

Female

Color or
Race

White

Birth-
place

Friedrichs Co.

Occupation

Housewife

Where Residing if not
at place of death

Carroll Co.

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Richard Brashar

Father's
Name

William Cain

Father's
Birthplace

Friedrichs Co.

Mother's
Maiden Name

Sarah Stowood

Mother's
Birthplace

Friedrichs Co.

Name of person giving
In formation

William Brashar

How related
to deceased

Son

CAUSES OF DEATH

Primary

Nervous prostration

How long

Immediate

Paralysis

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

David M. Swilbiss

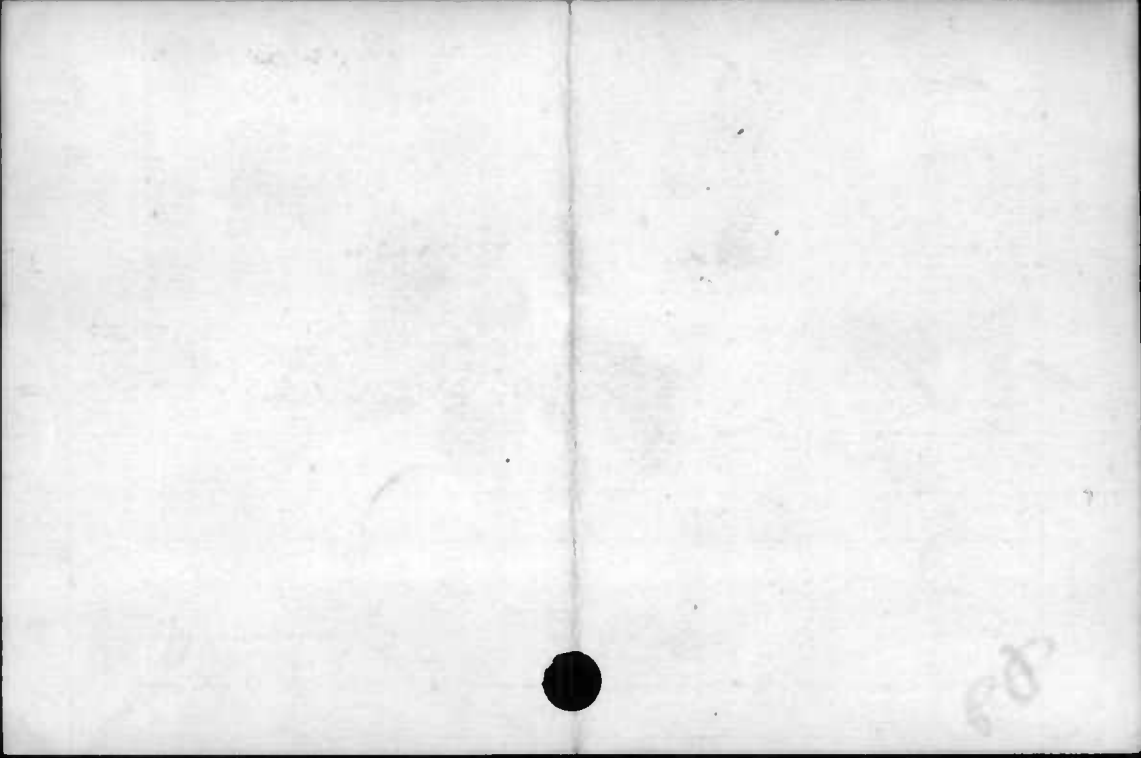
Address

Woodville Md.

Accident or Suicide?

Natural Causes

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

X Belinda Bucher

Town

Upper

County

Barroll

MARYLAND

Died at

Date 1906 Month 10 Day 5 Y. 74 M. 4 D. 1 Native of Md Occupation Housewife

Male White Married Widow Divorced

Female Colored Single Widower Number of children living 10

Husband

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Angina Pectoris

How long sick

Death

Immediate

Accident, Suicide, Homicide

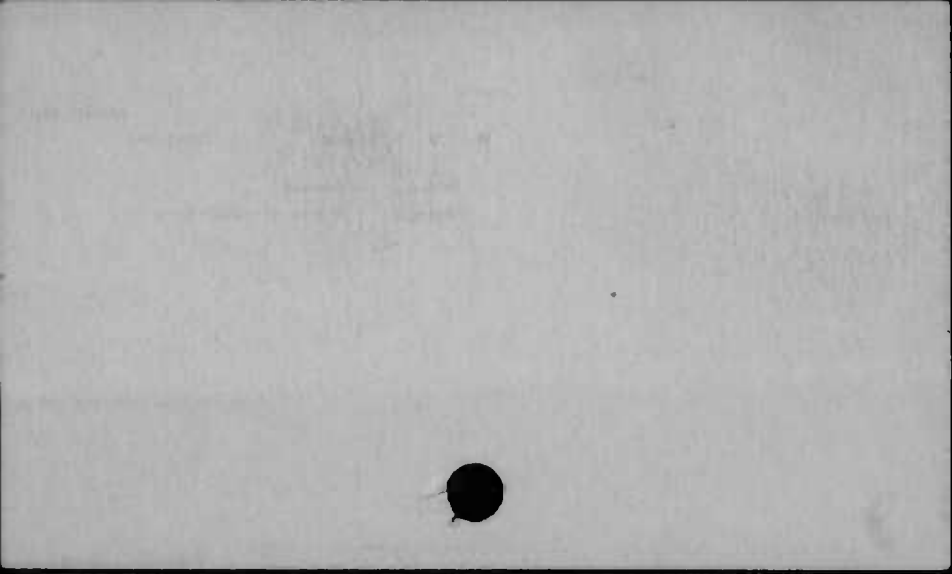
Reported by

Address

C. L. Wells

8 Hampstead Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full Randolph Cooper		No 79 CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Westminster Town		Carroll County
	Date of death 1906		Month Oct
	Day 5		Years 7
	Sex Male		Color or Race Colored
	Occupation —		Where Residing If not at place of death —
	Married, Single or Widowed Single		Name of Wife or Husband —
	Father's Name Deadr		Father's Birthplace —
Mother's Maiden Name Rosa Harris		Mother's Birthplace Annull Co Md	
Name of person giving information Rosa Cooper		How related to deceased Mother	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Enteric Colitis		How long 5 or 6 weeks
	Immediate Exhaustion		How long —
	Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Chas. R. Jones
	Address Westminster Md		Address —
Accident or Suicide? —			

Ellsworth cemetery

Stoner

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Becker* ✓
 Died at *Springfield Hospital* ^{Town} *Carroll* ^{County}
 Date of death *1906 Oct. 10th* ^{Month} *10th* ^{Day} *83* ^{Years} *83* ^{Months} *83* ^{Days}
 Sex *male* Color or Race *White* Birth-place *Germany*
 Occupation *Bookbinder* Where Residing if not at place of death
 Married, Single or Widowed *Unknown* Name of Wife or Husband
 Father's Name *Unknown* Father's Birthplace *Unknown*
 Mother's Maiden Name *"* Mother's Birthplace *"*
 Name of person giving information *Hospital records* How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Carcinoma of Liver & Stomach*How long *Recognized 3 mo.*Immediate *Exhaustion*How long *Progressive*

Are the name, age, sex, color, date and place correctly given above?

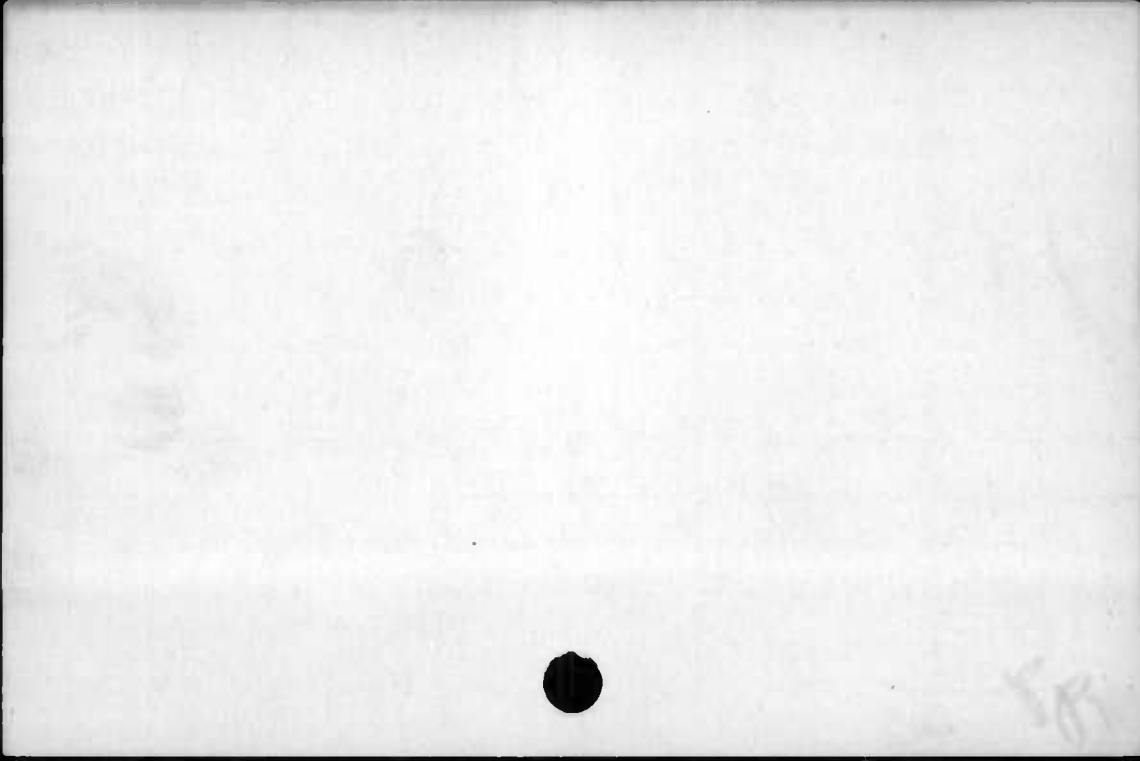
Signature of Physician

Address

According to records

Accident or Suicide?

No



Name
in
Full

CERTIFICATE OF DEATH

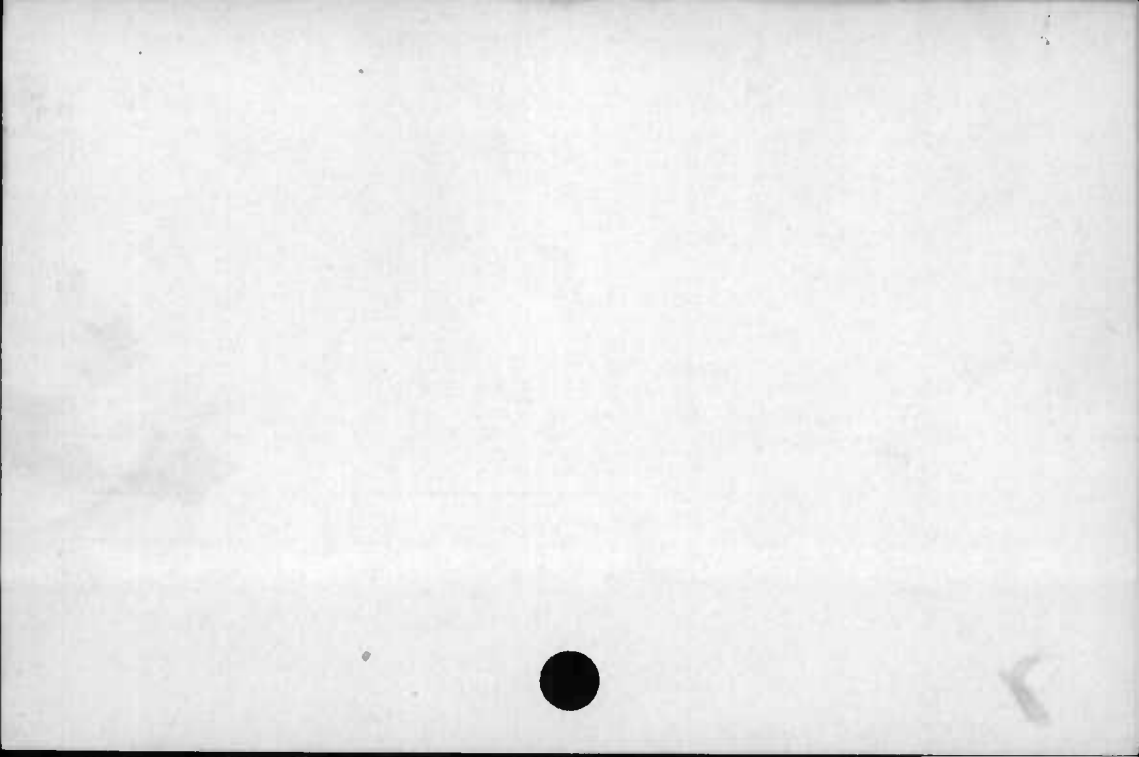
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lineboro</i>		Town		<i>Carroll</i>		County		MARYLAND			
Date of death <i>1906</i>		Month <i>Oct</i>		Day <i>15</i>		Years <i>61</i>		Months <i>11</i>		Days <i>28</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Manheim Pa</i>							
Occupation <i>Farmer</i>				Where Residing If not at place of death <i>Carroll Co Md</i>							
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>John M Doll</i>									
Father's Name <i>Henry A Doll</i>		Father's Birthplace <i>York Co</i>									
Mother's Maiden Name <i>Catharine Miller</i>		Mother's Birthplace <i>York Co</i>									
Name of person giving information <i>Annamary Doll</i>		How related to deceased <i>Wife</i>									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Indigestion - malnutrition</i>		How long <i>Several months</i>	
Immediate <i>Heart failure</i>		How long <i>Several days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>Geo P. Yost</i>	
<input checked="" type="checkbox"/> Accident or Suicide?		Address <i>Glen Rock. Pa</i>	





28

Name
in
Full

Sidney Frink

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sykesville</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month	<i>Oct.</i>	Day	<i>15th</i>
Age		Years		Months	Days
<i>Unknown</i>		<i>(About 80 years)</i>			
Sex	<i>Female</i>	Color or Race	<i>W-</i>	Birth-place	<i>?</i>
Occupation		<i>None</i>			
Where Residing if not at place of death					
Married, Single or Widowed	<i>Widow</i>	Name of Wife or Husband	<i>Unknown</i>		
Father's Name	<i>Unknown</i>		Father's Birthplace	<i>?</i>	
Mother's Maiden Name	<i>Unknown</i>		Mother's Birthplace	<i>?</i>	
Name of person giving information	<i>(Carroll Co. Almshouse)</i>		How related to deceased	<i>-</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Senile Dementia</i>	How long	<i>Over 3 yrs</i>
Immediate	<i>Exhaustion</i>	How long	

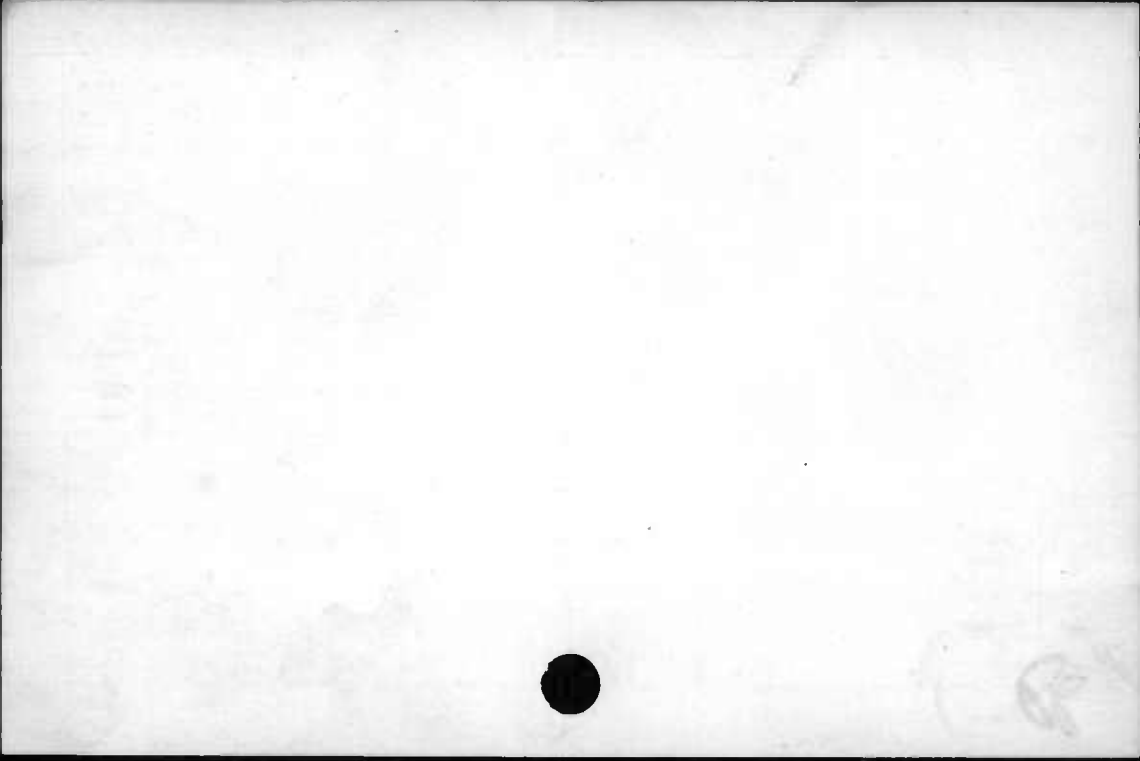
Are the name, age, sex, color, date and place correctly given above? *-*

Signature of Physician

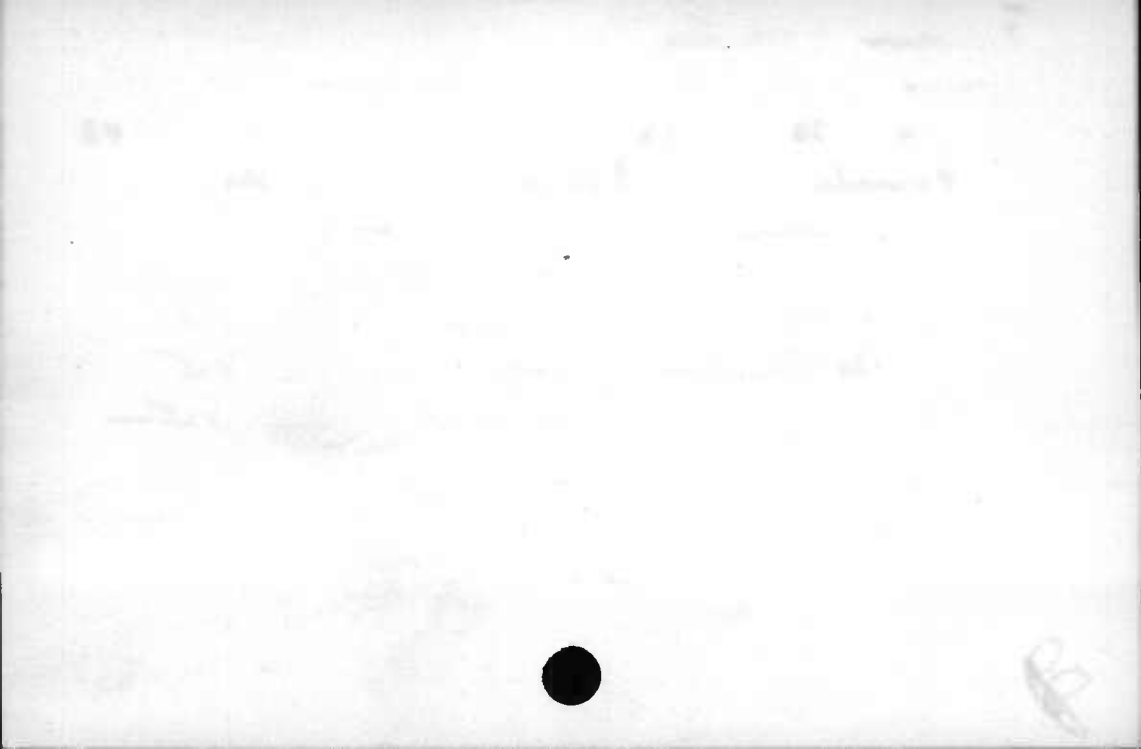
Address

John Norfolk Morris M.D.
Springfield Hospital,
Sykesville, Carroll Co., Md.

Accident or Suicide? *No*



Name in Full		MRS. Emily Elizabeth Fof				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Detroit		Carroll County		MARYLAND	
	Date of death	1906	Oct	17	Age	72	Months 7 Days 8
	Sex	Female		Color or Race	White		Birth-place
	Occupation	Retired		Where Residing if not at place of death		Carroll Co. Md.	
	Married, Single or Widowed	Widow		Name of Wife or Husband		Nephtiah Fof	
	Father's Name	John Stambaugh R				Father's Birthplace	
	Mother's Maiden Name	Elizabeth Eglyer				Mother's Birthplace	
PHYSICIAN OR CORONER	Name of person giving information	G. S. J. Fof				How related to deceased	
	Son						
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Chronic Pyelitis				How long	10 Years -
	Immediate	General Debility				How long	2 Mos -
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		C. H. Diller
	Address		Detroit, Md.				
Accident or Suicide?							



Name
in
Full

France Lornia

CERTIFICATE OF DEATH

Town

Sylvestre

County

Barro

MARYLAND

Died near

Month

10

Day

16

Years

-

Months

-

Days

43

Date
of death 1906

Age

Sex

Female

Color or
Race

Colored

Birth-
place

W

Occupation

none

Where Residing if not
at place of death

-

Married, Single
or Widowed

-

Name of Wife or
Husband

-

Father's
Name

Jas. Ephraim France

Father's
Birthplace

Md-

Mother's
Maiden Name

Flo. Virginia Young

Mother's
Birthplace

W

Name of person giving
Information

J. E. France

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia

How long

3 days-

Immediate

-

How long

-

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

M. Traub, M.D.

Address

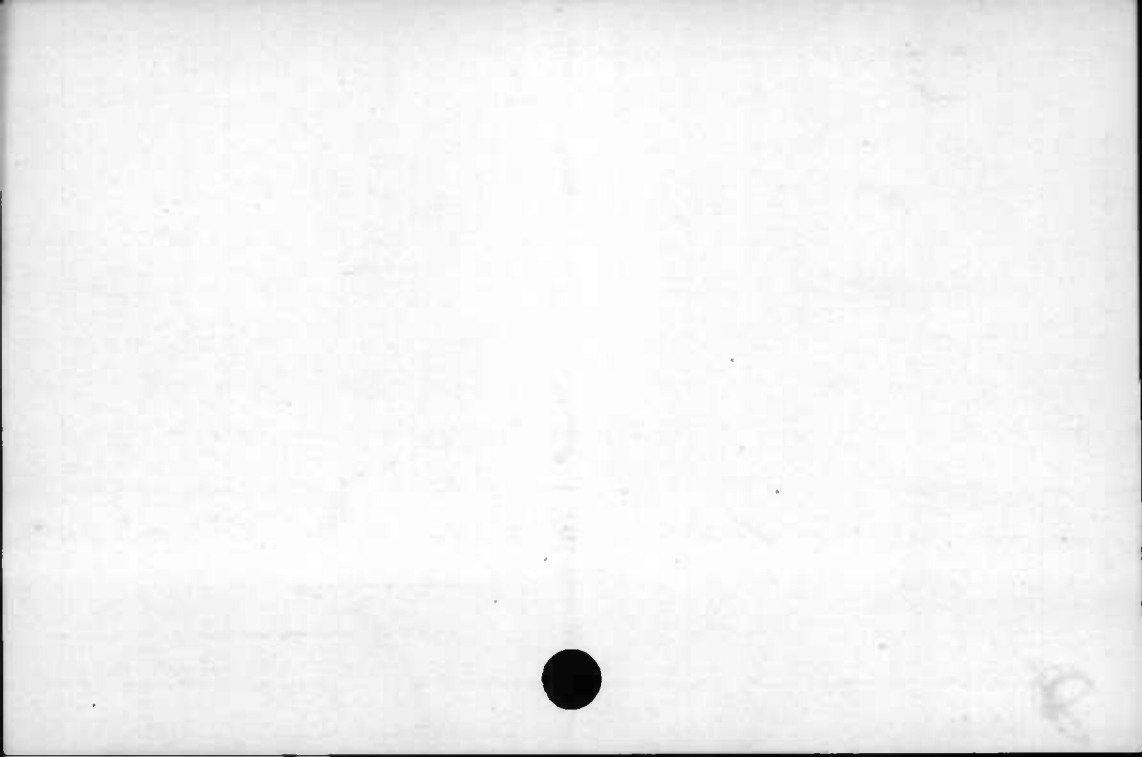
Sylvestre, W

Accident or Suicide?

-

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

2



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Henrietta Sawyer* Town *Mt Carmel* County *Carroll*

Died at *Mt Carmel*

Date of death *1906 Oct 30* Age *80* Months *5* Days *10*

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *House wife* Where Residing If not at place of death

Married, Single or Widowed *Widow* Name of Wife or Husband *Henry Sawyer*

Father's Name *don't no* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Maryland*

Name of person giving information *William E Sawyer* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Senile decay* How long *1 yr.*

Immediate *Chorea* How long *10 da*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *William B Brown*

Address *Union Bridge Carroll Co.*

Accident or Suicide?

15. 11. 13.

Name
in
Full

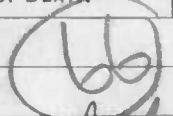
Catherine Gettier

no 83
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brunswick</u> Town		<u>Carroll</u> County		MARYLAND	
Date of death	<u>1906</u>	Month <u>Oct</u>	Day <u>12</u>	Age <u>75</u> Years	Months <u>6</u> Days
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Carroll Co Md</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>married</u>		Name of Wife or Husband <u>John Gettier</u>			
Father's Name <u>Does not know</u>		Father's Birthplace <u>—</u>			
Mother's Maiden Name <u>—</u>		Mother's Birthplace <u>—</u>			
Name of person giving information <u>Harold H. Ruby</u>		How related to deceased <u>Son in Law</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Paralytic</u>		How long <u>3 days</u>
Immediate <u>—</u>		How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>John S. Matthews</u>
		Address <u>Brunswick Md</u>
Accident or Suicide? <u>—</u>		

Leister's cemetery
stones

Name
In
Full

Rosa Greenwald

CERTIFICATE OF DEATH

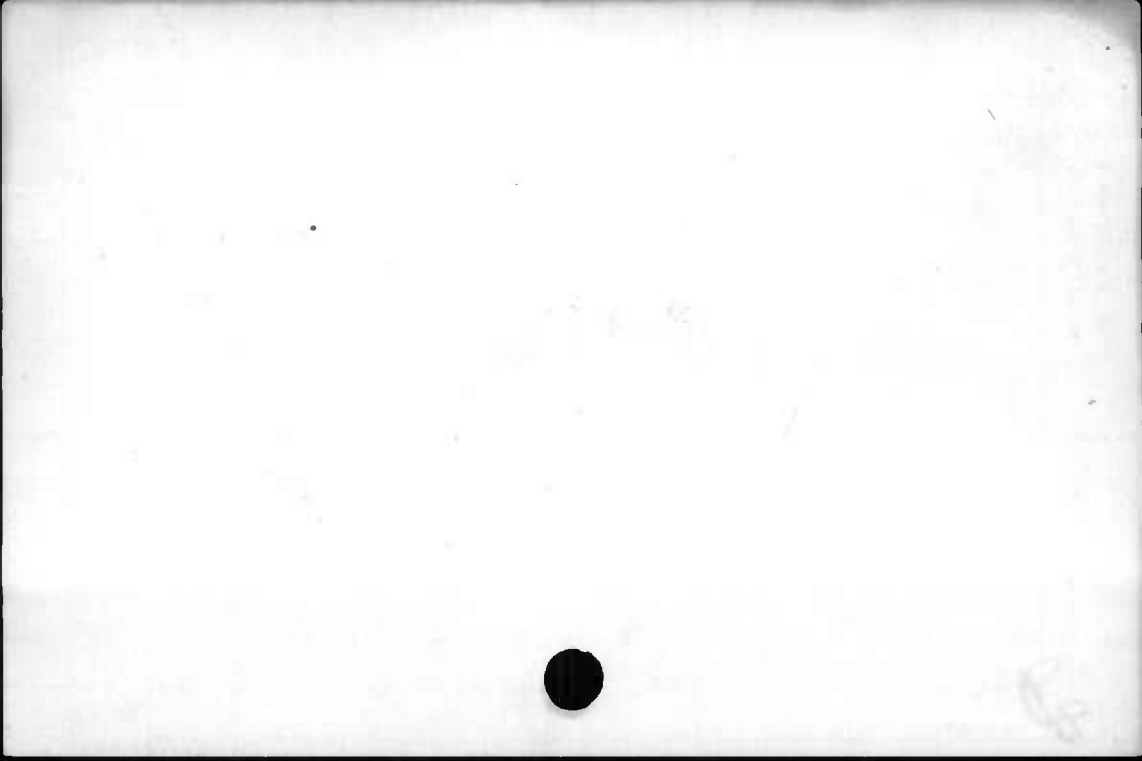
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Near New Windsor		Frederick		Carroll			
Date of death	1906	Month	Oct.	Day	14	Years	75
Sex		Color or Race		Birth-place		Days	
Female		W		Md		2	
Occupation		Where Residing if not at place of death					
Housewife							
Married, Single or Widowed		Name of Wife or Husband					
M.		David Greenwald					
Father's Name		Fether's Birthplace					
James Franklin		Md					
Mother's Maiden Name		Mother's Birthplace					
Elizabeth Vermitt		Md					
Name of person giving information		How related to deceased					
Geo. Winterm Md.		-					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Old Age	How long	-
Immediate	Apoplexy	How long	5 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		G. E. Greenwald	
		Address	
		New Windsor	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

X

Susan Harbaugh

Town

County

MARYLAND

Died at

Tany town

Carroll

Date

of death 1906

Month

Feb

Day

8

Age

Years

71

Months

11

Days

16

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

Housewife

Where Residing if not
at place of death

Waynesboro Pa

Married, Single
or Widowed

Widow

Name of Wife or
Husband

David Harbaugh

Father's
Name

Israel Hetschke

Father's
Birthplace

Md

Mother's
Maiden Name

Harriet Glazier

Mother's
Birthplace

Huntington Pa

Name of person giving
In formation

Mrs Jones

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Cerebral Hemiplegia

How long

Immediate

Paralysis

How long

6 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Dr Birnie Wp

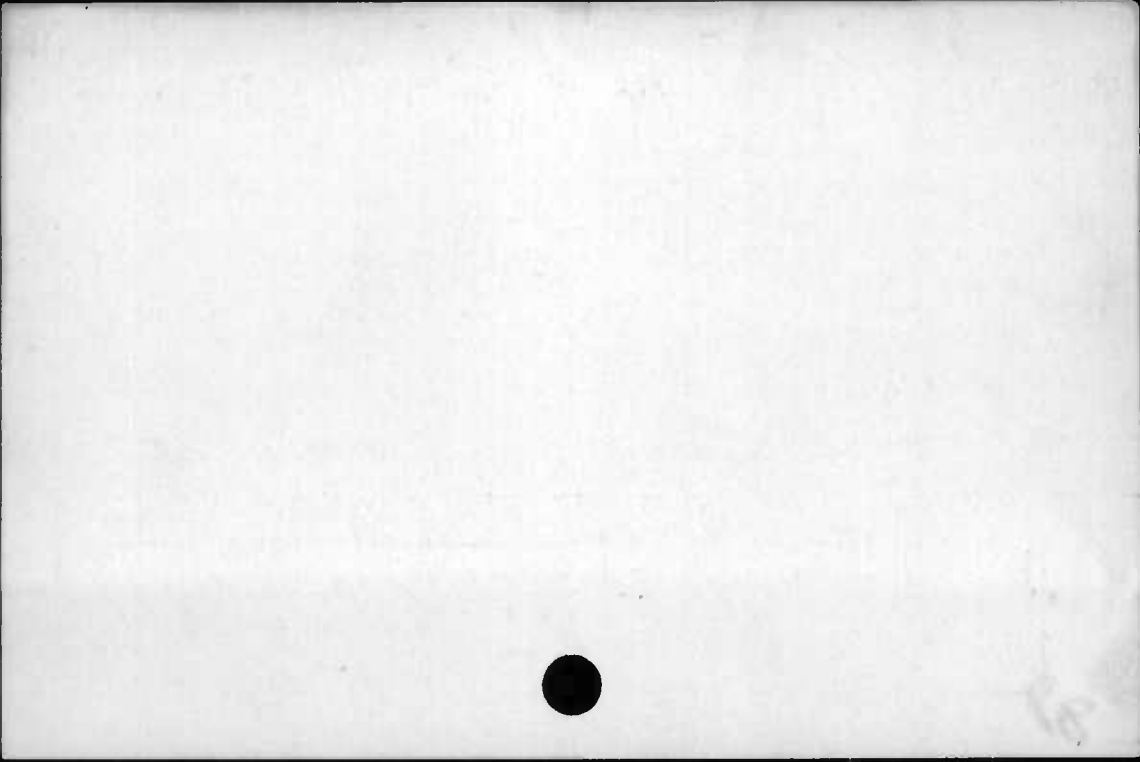
Address

Tany town

Accident or Suicide?

PHYSICIAN
OR CORONER

8



Name
In Full

Cadmus Harderty

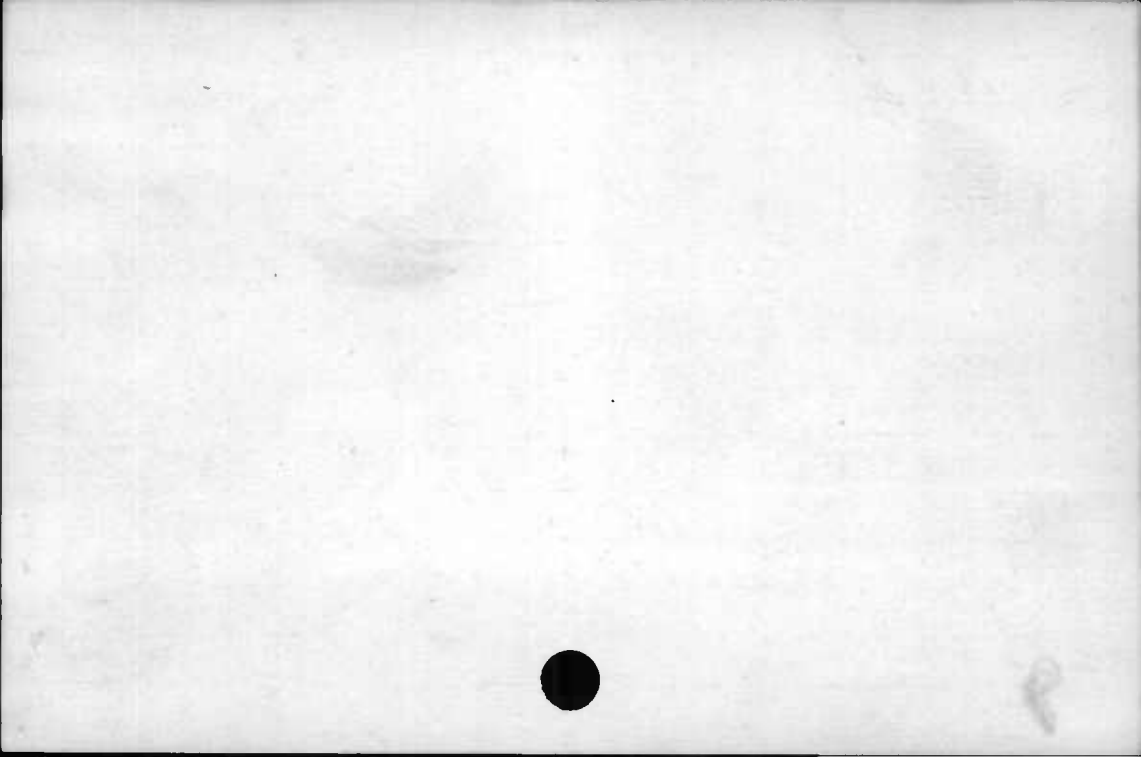
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Springfield Hospital</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Oct</i>	Day <i>15</i>	Age <i>26</i>	Months	Days
Sex <i>male</i>	Color or Race <i>White</i>	Birth-place <i>md.</i>			
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>James W.</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Hannah Harrison</i>			Mother's Birthplace <i>md.</i>		
Name of person giving information <i>Hospital records</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Dementia Praecox</i>	How long	<i>34 mths</i>
	Immediate	<i>Anaemia & Exhaustion</i>	How long	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Chas. J. Carey</i>	
			Address <i>Snyderville md.</i>	
Accident or Suicide?				

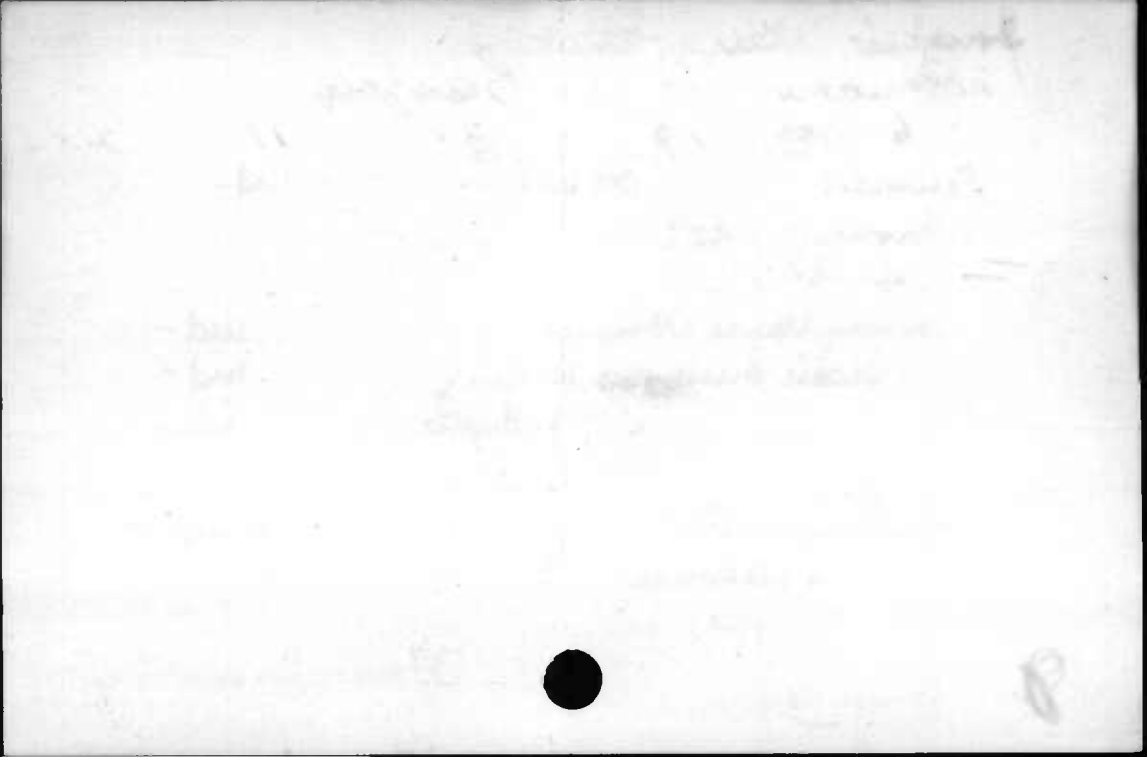


Name in Full		Harvey Clayton Harris		No 89		CERTIFICATE OF DEATH	
Died at		Westminster		County		MARYLAND	
Date of death		1906		Month		Oct	
		Day		Age		Years	
		17		33		Months	
						Days	
						6	
Sex		Male		Color or Race		White	
Occupation		Laborer		Birth-place		Md	
				Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband		Ella May Harris	
Father's Name		Leri Harris		Father's Birthplace		Md	
Mother's Maiden Name		Dead Unknown		Mother's Birthplace		Unknown	
Name of person giving information		Ella May Harris		How related to deceased		Wife	
CAUSES OF DEATH							
Primary		Typhoid Fever		How long		18 days	
Immediate		Intestinal Hemorrhage		How long		48 hrs	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Chas. R. Foutz	
				Address		Westminster Md	
Accident or Suicide?							

Meadow Branch
Stoner.

Name In Full		Jacob. W. Houser				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died		Town	County		MARYLAND		
	New Hampstead		Carroll					
	Date of death	1906	Month	Oct	Day	17	Age	
					Years	38	Months	
						11	Days	
						28		
	Sex	Male		Color or Race	White		Birth-place	-
Occupation	Hammer-		Where Residing if not at place of death				-	
Maiden, Single or Widowed	Single		Name of Wife or Husband				-	
Father's Name	Elias Houser				Father's Birthplace			Carroll Co., Md
Mother's Maiden Name	Margaret Wise				Mother's Birthplace			Germany
Name of person giving information					How related to deceased			-

CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	Typhoid fever		How long	9 days
	Immediate	Perforation		How long	1 day
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		R. C. Wells
	Accident or Suicide?		Address		Hampstead Maryland



Name
in
Full

Hughes, Mary, Ethelyn

CERTIFICATE OF DEATH

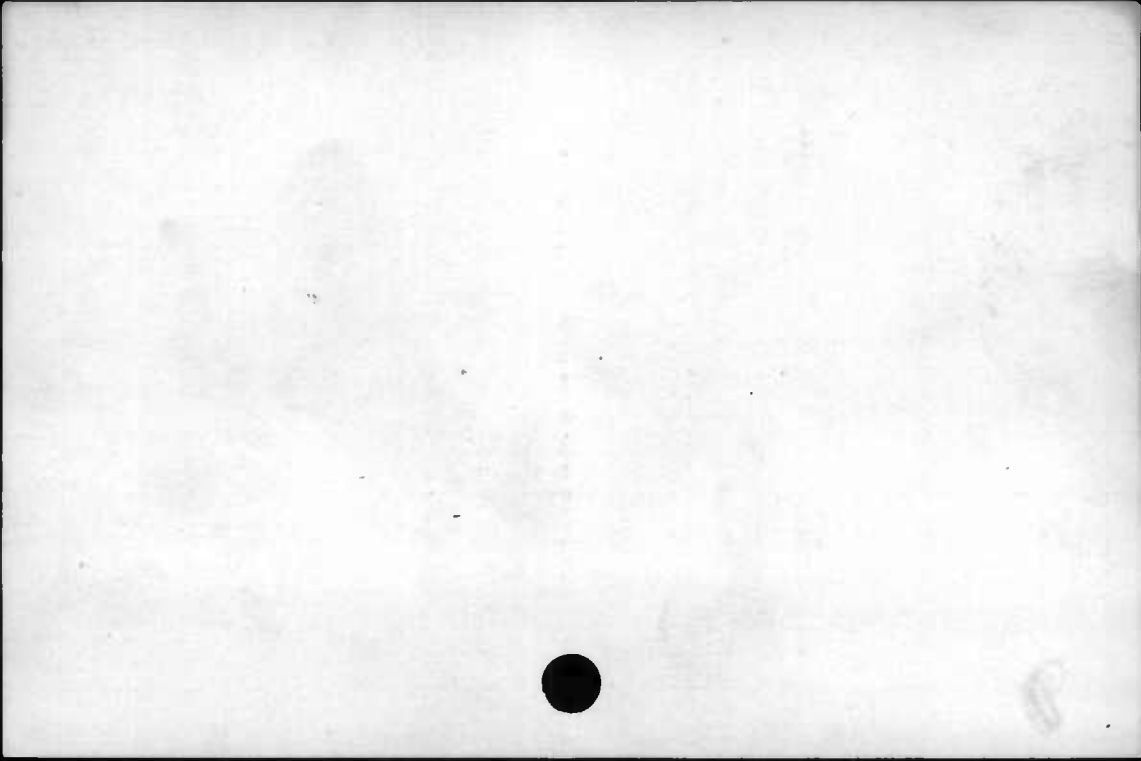
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Frederick</u> Town		<u>Garrett</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>10</u>	Day <u>9</u>	Age <u>—</u>	Years <u>—</u>	Months <u>6</u>
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Ind-</u>	
Occupation <u>none</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Harry Wade Hughes</u>			Father's Birthplace <u>Ind-</u>		
Mother's Maiden Name <u>Bessie Susanna Shipley</u>			Mother's Birthplace <u>Ind-</u>		
Name of person giving information <u>H. W. Hughes</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Gastric Enteritis</u>	How long <u>10 days</u>
Immediate <u>Toxemia</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Frank Lucas M.D.</u>
Address <u>Sylmar, N.J.</u>	
Accident or Suicide? <u>—</u>	



Name
In
Full

Philip G. Hunter

CERTIFICATE OF DEATH

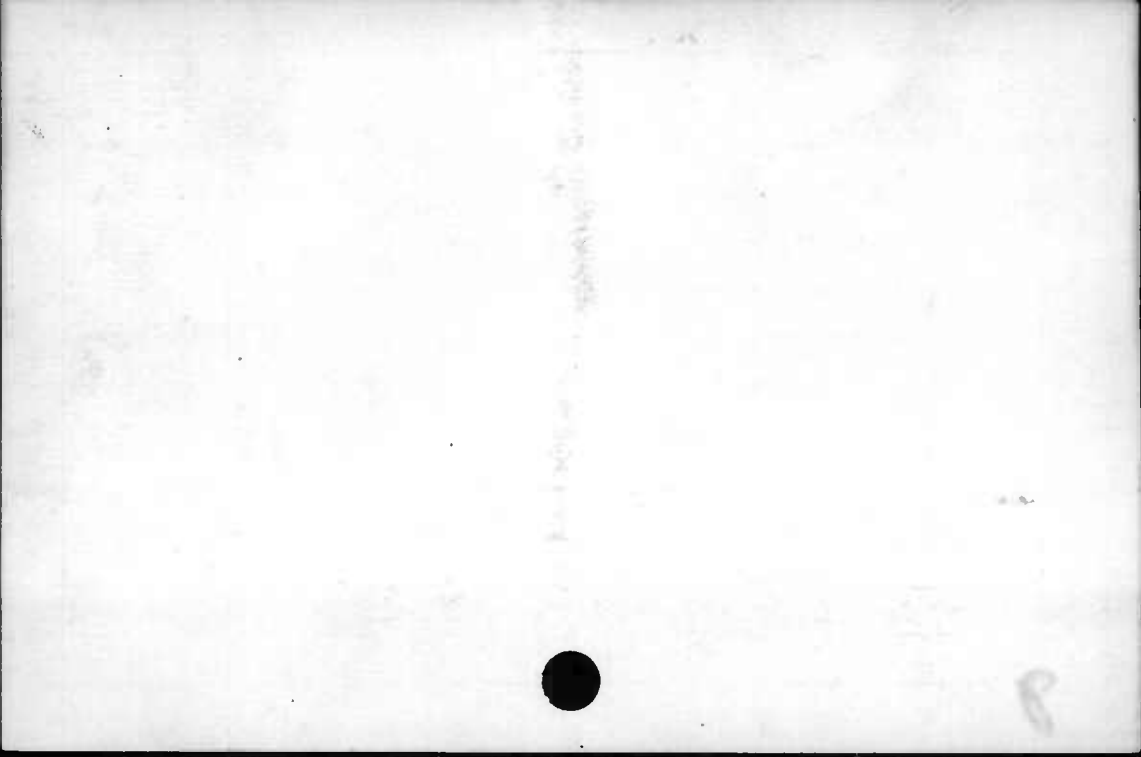
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Springfield Hospital</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month	<i>Oct</i>	Day	<i>3"</i>	Age	<i>76</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>md</i>
Occupation	<i>Blacksmith</i>			Where Residing if not at place of death			
Married, <i>Yes</i> <i>& Widowed</i>	Name of Wife or Husband			<i>Unknown</i>			
Father's Name	<i>Unknown</i>			Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name	<i>Fannie Hopkins</i>			Mother's Birthplace <i>md</i>			
Name of person giving information	<i>Hospital records</i>			How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Senile dementia</i>	How long	<i>about 3 yrs</i>
Immediate	<i>Cerebral congestion</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Chas. J. Leary</i>
		Address	<i>Sykesville md</i>
Accident or Suicide?	<i>no</i>		



Name
in
Fullno-77
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Name <i>Nettie B Klee</i>		Town <i>Gist</i>		County <i>Carroll</i>		State <i>MARYLAND</i>	
Died at <i>Gist</i>		Month <i>Oct</i>		Day <i>4</i>		Age <i>27</i>	
Date of death <i>1906</i>		Month <i>Oct</i>		Day <i>4</i>		Age <i>27</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Months <i>9</i>	
Occupation <i>House Wife</i>		Where Residing if not at place of death		Days <i>1</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Henry Klee</i>		Father's Birthplace <i>Maryland</i>		Mother's Birthplace <i>Geo</i>	
Father's Name <i>James Glasman</i>		Name of Wife or Husband <i>Henry Klee</i>		Father's Birthplace <i>Maryland</i>		Mother's Birthplace <i>Geo</i>	
Mother's Maiden Name <i>Ruth Blizard</i>		Name of person giving information <i>Henry Klee</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hyperemesis Gravidarum</i>	How long <i>2 mos.</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Eugene M. Sullivan</i>
	Address <i>[Redacted]</i>
Accident or Suicide? <i>9</i>	

Sharrer

Providence Church

Providence Church

Name
in
Full

Andrew Long -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

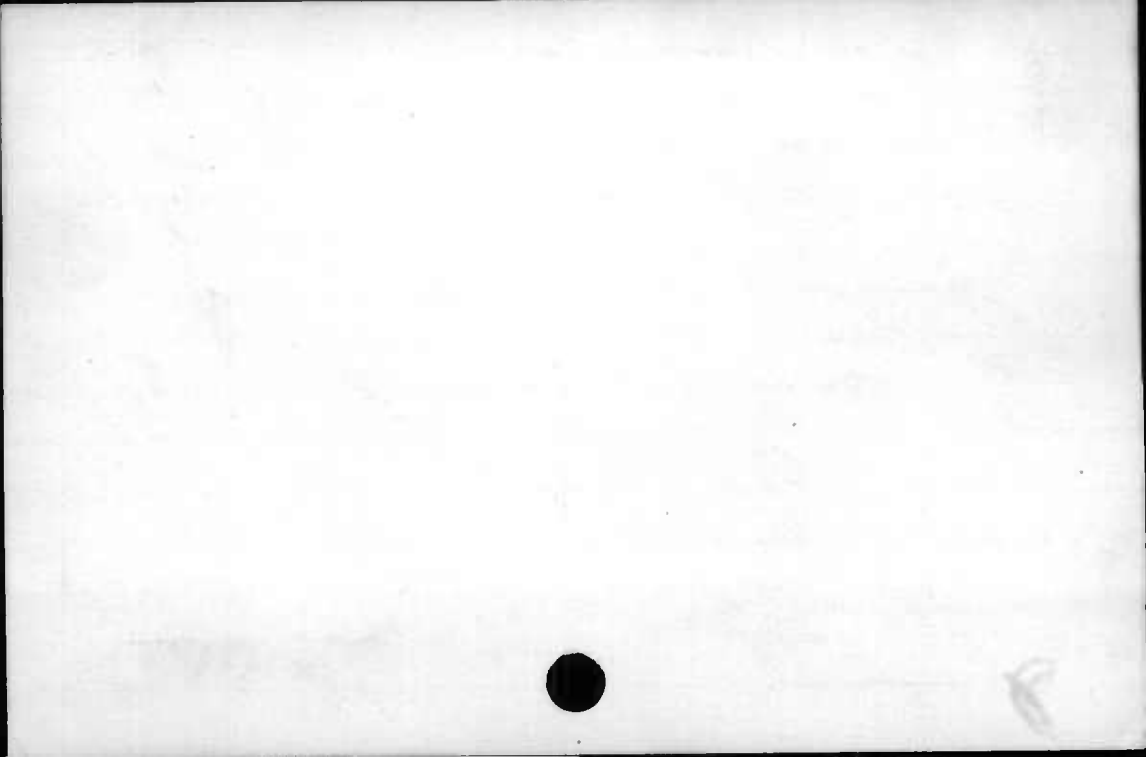
MARYLAND

Died at		Town		County	
Long		Long		Carroll	
Date of death	1906	Month	10	Day	15
Age		Years		Months	
73		6		Days	
Sex	Male		Color or Race	White	
Occupation	Merchant		Birth-place	Maryland	
Where Residing if not at place of death	Long		Mn.		
Married, Single or Widowed	Married		Name of Wife or Husband	Elizabeth Long	
Father's Name	Peter Long		Father's Birthplace	Mn.	
Mother's Maiden Name	Unknown		Mother's Birthplace		
Name of person giving information	Elizabeth Long		How related to deceased	Wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Mitral Regurgitation	How long	1 Week
Immediate	Acute Dilatation	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. P. Brooks
		Address	Marston Md
Accident or Suicide?			

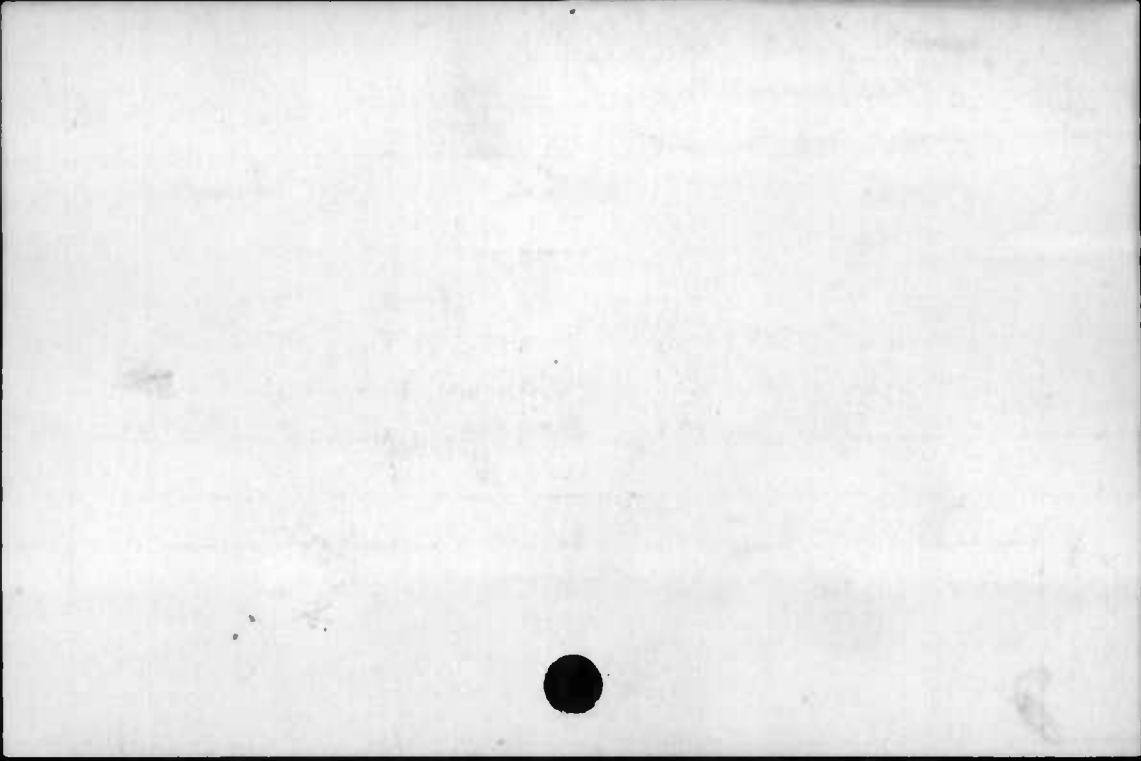


Name
in
Full2090.
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Georganna Long</i>		Town <i>Westminster</i>		County <i>Carroll</i>		State <i>MARYLAND</i>	
Died at <i>Westminster</i>		Month <i>Oct</i>		Day <i>22</i>		Age <i>77</i>	
Date of death <i>1906</i>		Month <i>Oct</i>		Day <i>22</i>		Age <i>77</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Maryland</i>		Months <i>10</i>	
Occupation <i>Unknown</i>		Where Residing If not at place of death <i>Unknown</i>		Days <i>9</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Jesse Long</i>		Father's Name <i>Isaac Green</i>		Father's Birthplace <i>Maryland</i>	
Mother's Maiden Name <i>Catharine Burns</i>		Name of person giving information <i>Susan Lee</i>		Mother's Birthplace <i>do</i>		How related to deceased <i>Daughter</i>	

CAUSES OF DEATH

Primary <i>Diabetes Mellitus</i>		How long <i>5 yrs</i>	
Immediate <i>Uraemia</i>		How long <i>1 week</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Geo. J. Henry</i>	
Address <i>Westminster</i>		M.D. <i>M.D.</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

John Mc Carley

1093
CERTIFICATE OF DEATH

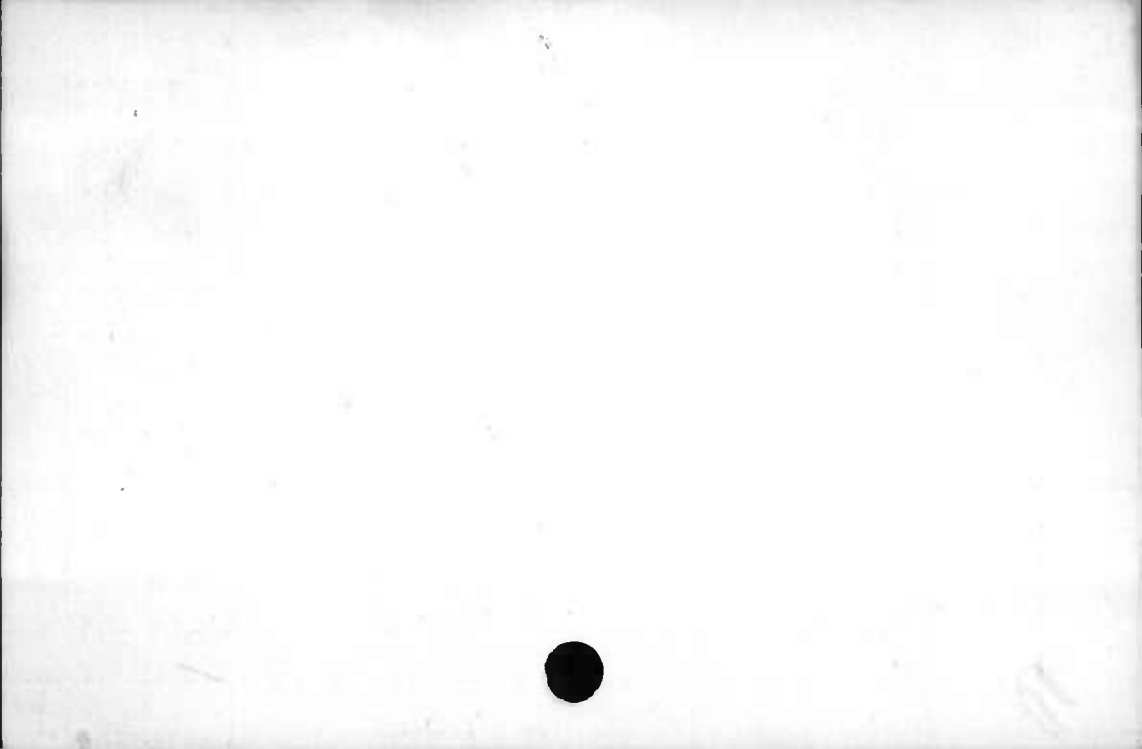
TO BE ANSWERED BY
NEAREST FRIEND

Died at *Westminster* Town *Carroll* County
 Date of death *1906* Month *Oct* Day *28* Age *65* Years Months *3* Days *2*
 Sex *Male* Color or Race *White* Birth-place *Carroll Co Md*
 Occupation *Laborer* Where Residing if not at place of death *—*
 Married, Single or Widowed *Widowed* Name of Wife or Husband *Wend*
 Father's Name *Leud* Father's Birthplace *"*
 Mother's Maiden Name *"* Mother's Birthplace *"*
 Name of person giving information *William Mc Carley* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *General Aschemia (Perinial Abscess)* How long *—*
 Immediate *Cardiac Failure* How long *—*
 Are the name, age, sex, color, date and place correctly given above? *Yes*
 Signature of Physician *Alvin Barr*
 Address *Westminster Md*
 Accident or Suicide? *8*



Name

In

Full

Ada Magness

CERTIFICATE OF DEATH

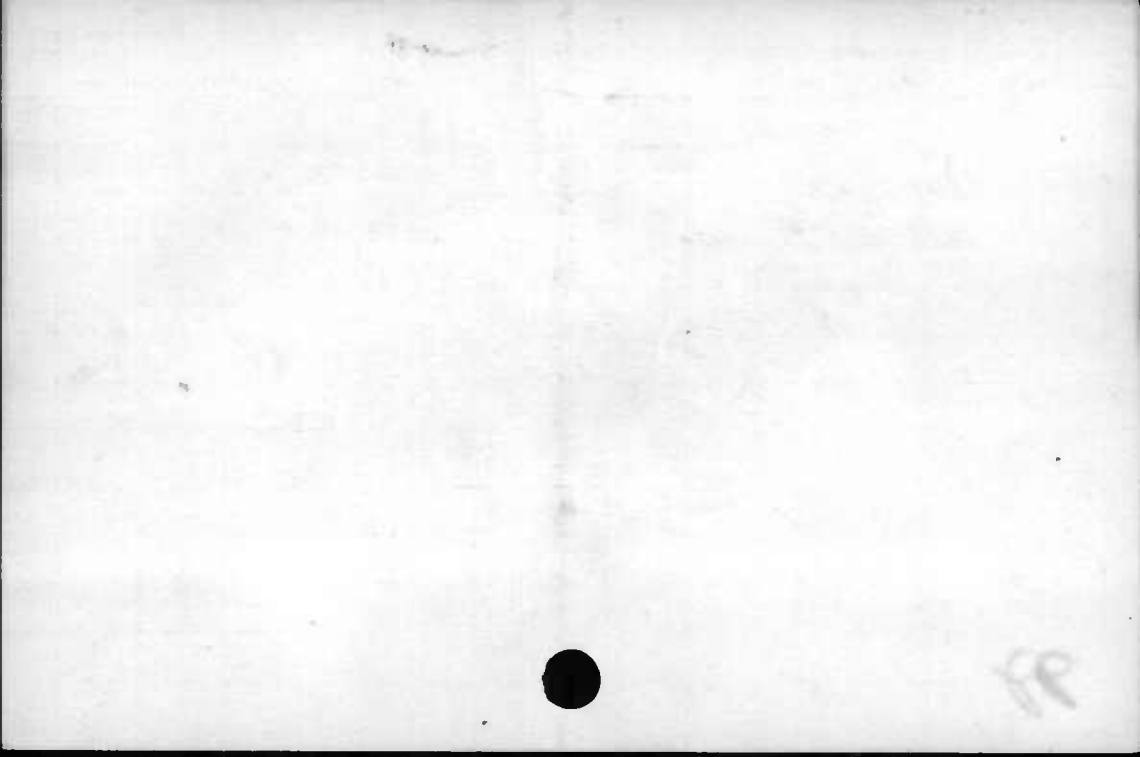
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sykesville</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month	<i>Oct.</i>	Day	<i>19th</i>
Age		<i>35</i>		Months	
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>Housekeeper</i>		Birth-place	<i>Md.</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>Divorced</i>		Name of Wife Husband	<i>Not given</i>	
Father's Name	<i>Other Magness</i>			Father's Birthplace	<i>Md.</i>
Mother's Maiden Name	<i>Minerva Frances</i>			Mother's Birthplace	<i>Md.</i>
Name of person giving information	<i>John H. Kosnell</i>			How related to deceased	<i>Bro-in-law.</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Status Epilepticus</i>	How long	<i>2 days.</i>
Immediate	<i>Exhaustion</i>	How long	<i>-</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>John Norfolk Morris M.D.</i>	
		Address	
		<i>Springfield State Hospital,</i>	
		<i>Sykesville, Carroll Co. Md.</i>	
Accident or Suicide?			
<i>-</i>			

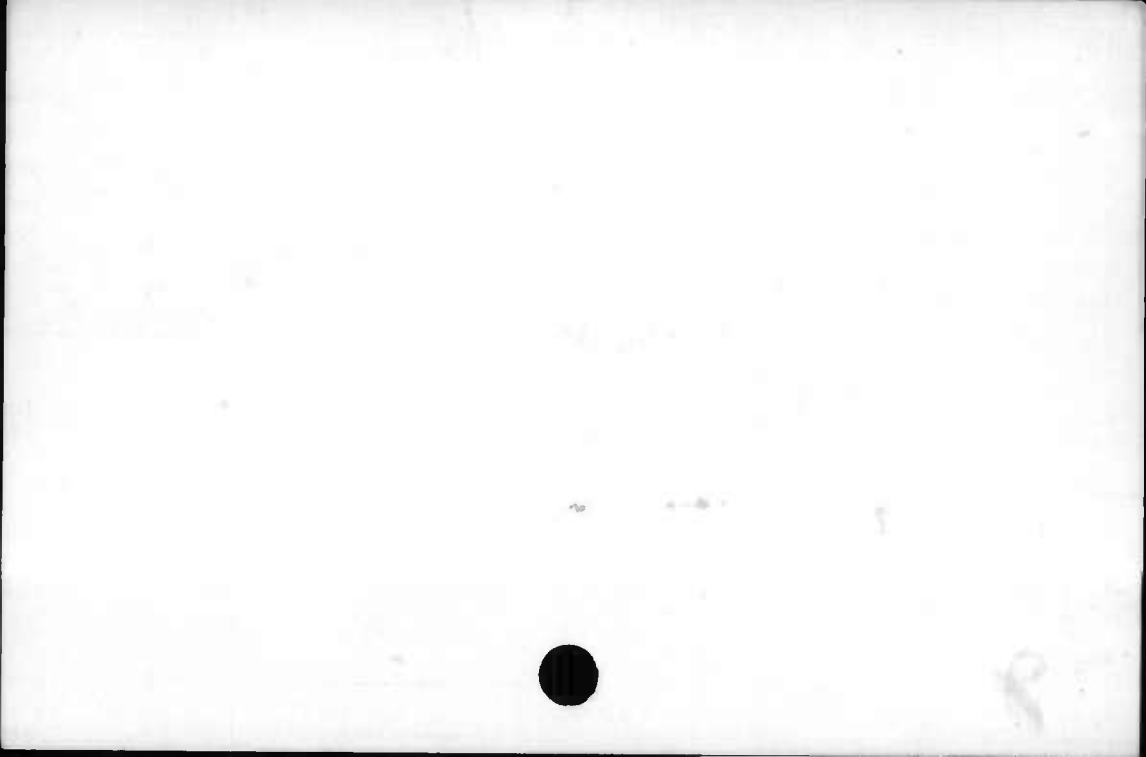


Name
in
FullNo 91
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Jeremiah Mathias</i>		Town <i>Westminster</i>		County <i>Carroll</i>		MARYLAND	
Died at <i>Westminster</i>		Date of death <i>1906 Oct 27</i>		Age <i>74</i>		Months <i>11</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Maryland</i>		Days <i>—</i>	
Occupation <i>Retired Farmer</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary A. Lissy</i>					
Father's Name <i>Jacob Mathias</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Catharine Jeff</i>		Mother's Birthplace <i>do</i>					
Name of person giving information <i>Jacob Mathias</i>		How related to deceased <i>Son</i>					
CAUSES OF DEATH							

PHYSICIAN
OR CORONER

Primary	<i>Nephritis - Mitral Regurgitation - 8 or 10 years</i>	How long	<i>8 or 10 years</i>
Immediate	<i>Heart Failure</i>	How long	<i>Instantaneous</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Chas. R. Fouts</i>	
Address <i>Westminster Md</i>		Address <i>Westminster Md</i>	
Accident or Suicide? <i>No</i>			



Name in Full		David E Morelock				76 CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Westminster		County		Baltimore	
	Date of death	1906	Month	Oct	Day	12	Age
	Sex	Male		Color or Race	White		Birthplace
	Occupation	Cabinet Maker		Where Residing If not at place of death		Maryland	
	Married, Single or Widowed	Married		Name of Wife or Husband		Louisa Fleagle	
	Father's Name	Joseph. Morelock		Father's Birthplace		Maryland	
	Mother's Maiden Name	Mary Babylon		Mother's Birthplace		Id	
Name of person giving information	George W Morelock		How related to deceased		Son		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Chronic Nephritis				How long	5 yrs
	Immediate	Paralysis				How long	1 yr
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		John B Wells		
			Address		Westminster		
Accident or Suicide?							

Copman

Name
in
Full

Mary Muhl

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} *Lykesville*^{County} *Carroll*

MARYLAND

Date of death *1906 Oct -*Day *19th* Years *52*

Months

Days

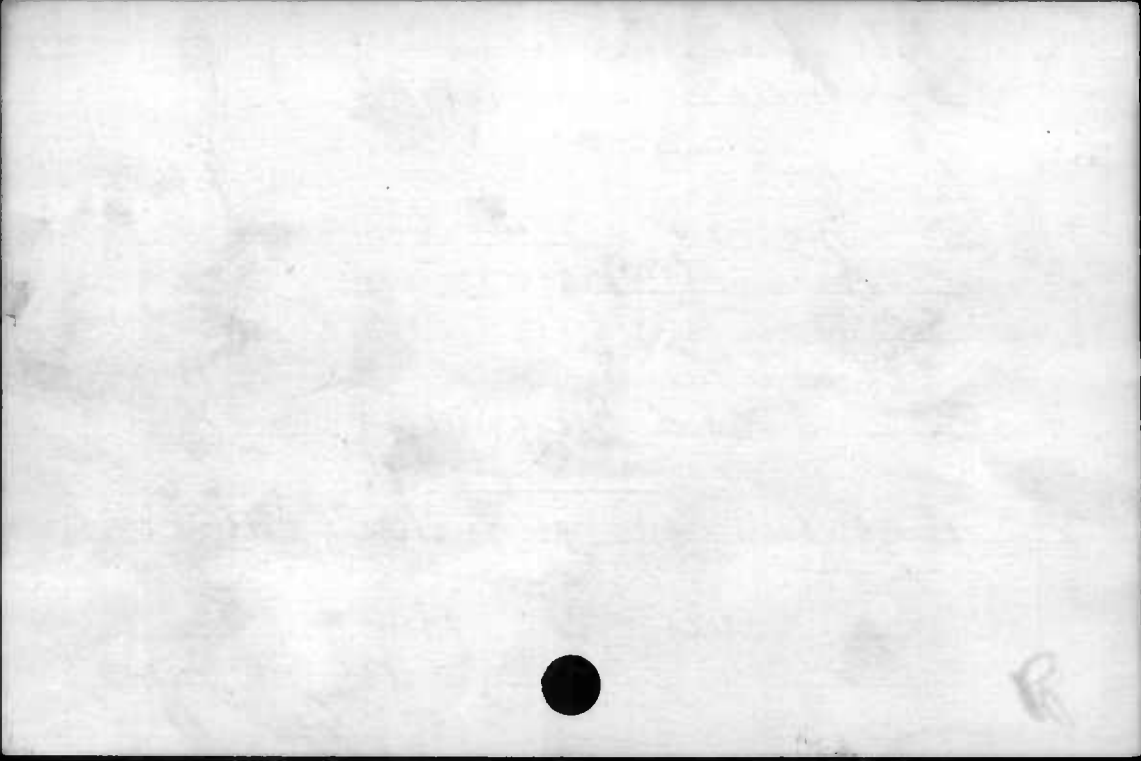
Sex *Female*Color or Race *White*Birth-place *md*Occupation *Housewife*

Where Residing if not at place of death

Married, Single or Widowed *Married*Name of ~~Woman~~ Husband *George Muhl*Father's Name *William Gaulhardt*Father's Birthplace *md*Mother's Maiden Name *Not-known*Mother's Birthplace *md.*Name of person giving information *Etta Muhl*How related to deceased *Daughter*

CAUSES OF DEATH

Primary *General Paresis*How long *Over One Year*Immediate *Exhaustion*How long *-*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *John Norfolk Morris M.D.**8*Address *Springfield State Hospital.*Accident or Suicide? *-**Lykesville Carroll Co. Md.*



Name

in
Full

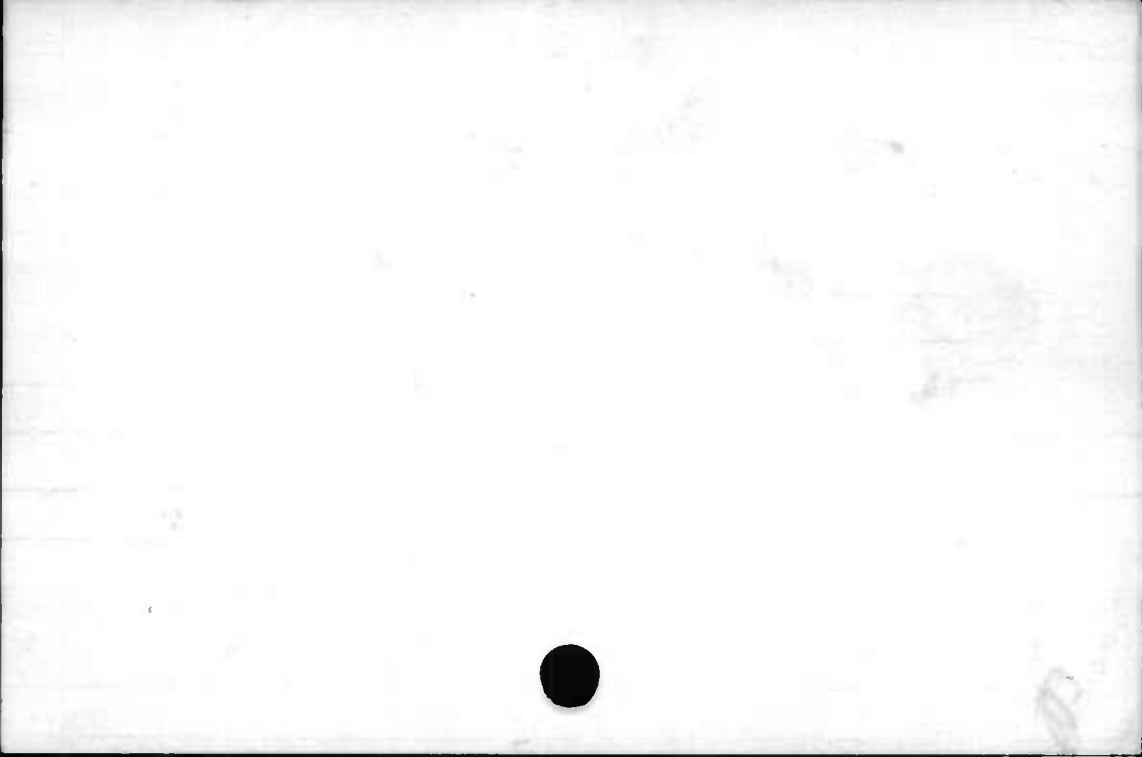
Mrs Ella Newman

CERTIFICATE OF DEATH

Died at <i>Sykesville</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death 190 <i>6</i>	Month <i>oct</i>	Day <i>20</i>	Age <i>38</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>female</i>	Color or Race <i>white</i>	Birth-place <i>Ind</i>			
Married, Single or Widowed <i>married</i>	Occupation <i>Housewife</i>				
Name of Wife or Husband <i>Samuel Newman</i>					
Father's Name <i>Edward Halfield</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Elvira Thomas</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Samuel Newman</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

Primary <i>Bright's Disease & Mitral insufficiency</i>	How long <i>About 1 year</i>
Immediate <i>Pulmonary oedema</i>	How long <i>about 10 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Benj. F. Shipley</i>
	Address <i>Alpha</i>
	<i>Howard Co Ind</i>
Accident or Suicide? <i>8</i>	



Name
in
Full

no 88
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

J. Lawrence Rinker

Town *Westminster* County *Carroll* MARYLAND

Died at *Westminster*

Date of death *1906 Oct 16* Age *23* Months *2* Days *23*

Sex *Male* Color or Race *white* Birth-place *Maryland*

Occupation *Salesman* Where Residing if not at place of death *_____*

Married, Single or Widowed *Single* Name of Wife or Husband *_____*

Father's Name *James F. Rinker* Father's Birthplace *Virginia*

Mother's Maiden Name *Jessam J. Jackson* Mother's Birthplace *Ido*

Name of person giving information *Nanna Mather* How related to deceased *Sister*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Tuberculosis* How long *34 yrs*

Immediate *Pulmonary Hemorrhage* How long *6 months*

Are the name, age, sex, color, date and place correctly given above? ☒

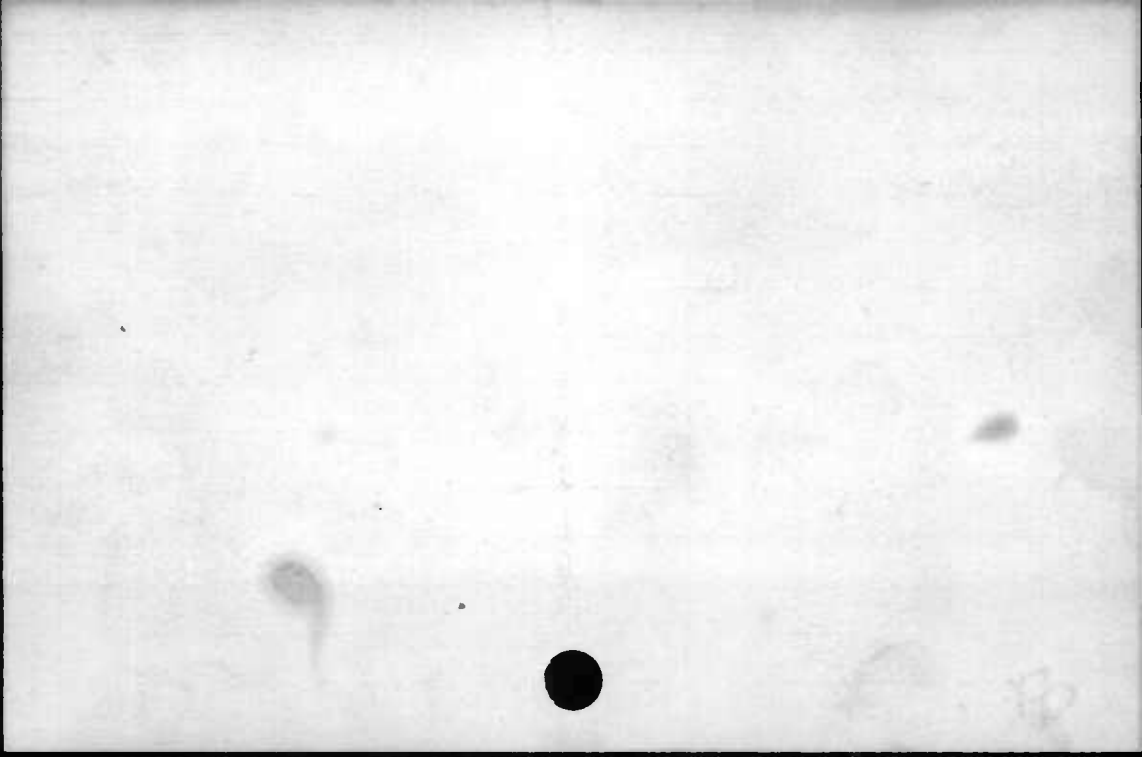
Signature of Physician *Wm D Wells*

Address *Westminster*

Accident or Suicide? ☐

Thames
Westminster. Council

Name in Full		CERTIFICATE OF DEATH			
Jesse Robinson		Town		County	
Died at		Near First P.O.		Carroll	
Date of death		1906	Month	Day	Age
		6	Oct	16	75
				Years	Months
				3	Days
Sex		Color or Race		Birth-place	
Male		White		Harford Co.	
Occupation		Where Residing if not at place of death			
None		At Home			
Married, Single or Widowed		Name of Wife or Husband			
Married		Kate Robinson			
Father's Name		Father's Birthplace			
Unknown		Unknown			
Mother's Maiden Name		Mother's Birthplace			
Unknown		Unknown			
Name of person giving information		How related to deceased			
David H. Shimes		By marriage		to wife	
CAUSES OF DEATH					
Primary		How long			
Smile Gangrene		About 13 yrs			
Immediate		How long			
Years from		About 2 weeks			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
Yes		Q. W. H. Hopper			
If not, state facts		Address			
3 yrs		Sykesville Md.			
Accident or Suicide?					



Name in Full		Howard, Milton Saylor				m 92 CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Smallwood		County Carroll		MARYLAND
	Date of death	1906	Month	Oct	Day	22	Age Years Months 5 11
	Sex	Male		Color or Race	White		Birth-place Carroll Co
	Occupation				Where Residing if not at place of death		
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	William Saylor				Father's Birthplace	Carroll Co, Md
Mother's Maiden Name	Catherine Baker				Mother's Birthplace	" " "	
Name of person giving information		George B. Baker				How related to deceased	Friend
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Pneumonia		How long		1 week
	Immediate		"		How long		"
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Jas. D. Herring		
					Address Martinsburg		
Accident or Suicide?		X		m 9			

Small wood cemetery

Stones

Name in Full

Certificate of Death

* James Roswell Scott

Died at ^{Town} Ridgewill ^{County} Carroll MARYLAND

Date 1906 Oct. 3 Age 1 9 Y. M. D. Native of Maryland Occupation Infant

Male White Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband
Wife of

Father's Name John Scott

Mother's Name Louisa Scott

Cause of Death { Primary Pneumonia Immediate

How long sick 93 4 days

Accident, Suicide, Homicide

Reported by J.E. Bromwell

Address 8 Mt. Airy. Md. (over)

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968

Father's birth - place -
Laytonville, Monterey Co. Cal.

Mother's birth - place -
Mountain Mills, Fred. Co.
Md.

1816

* Susan C Shaffer

Town

County

Died at

MARYLAND

Dato 1896 Oct-17 Age 84 Y. M. D. Native of Maryland Occupation Housewife

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Jacob Shaffer

Wife

Father's Name Joshua Stricklin

Mother's Name

Catherine Shade

Cause of Death { Primary Apoplexy

Immediate

How long sick

5 days

Accident, Suicide, Homicide

Reported by

J H Sherman M.D.

Address

Manchester

Ind (over)

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Father's birth-place
Carroll Co, Md.

Mother's birth-place -
Northumberland Co, Pa.

Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Infant of Mr & Mrs Chas Stutz
 Died at ^{Town} Near Hampstead ^{County} Carroll
 Date of death 1906 Month 10 Day 11 Age Stillborn Years — Months — Days —
 Sex Female Color or Race — Birth-place —
 Occupation — Where Residing if not at place of death —

Married, Single or Widowed —Name of Wife or Husband —

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

CAUSES OF DEATH

Primary

How long

Immediate

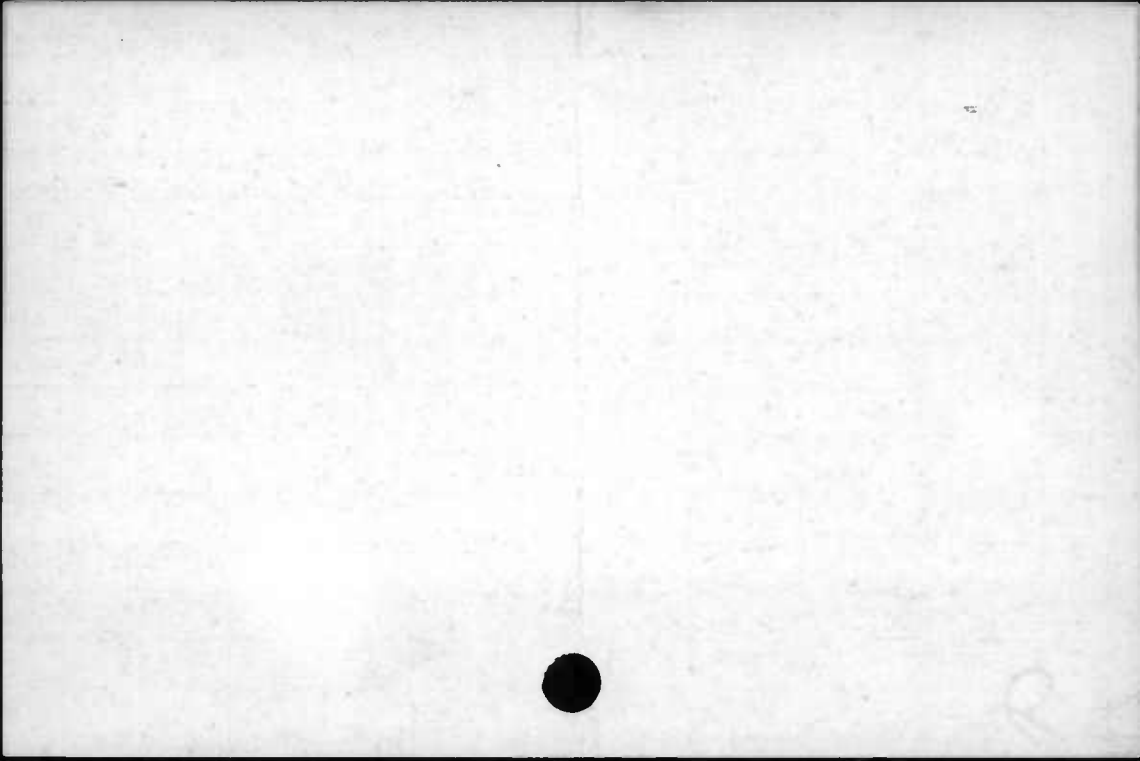
How long

Are the name, age, sex, color, date and place correctly given above?

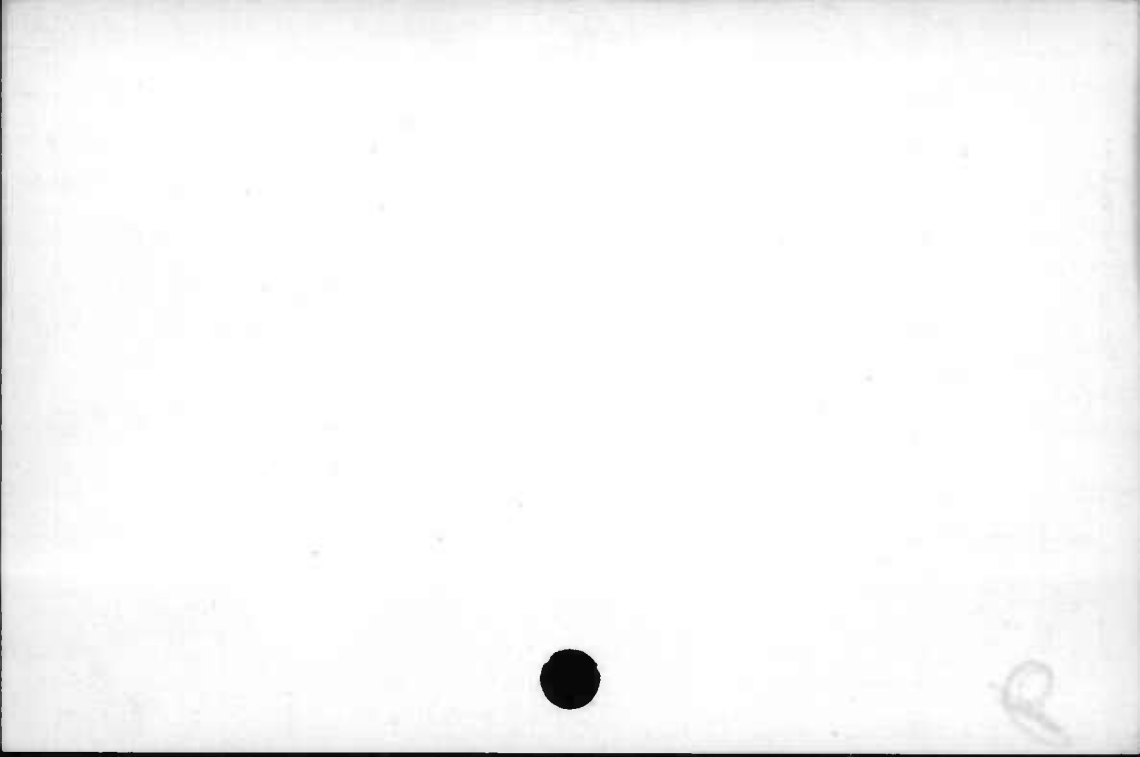
Signature of Physician

Address

Accident or Suicide?



Name In Full		Henrietta Smith.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died ^{Town} near Bloom		County		MARYLAND		
	Date of death	1906	Month	10	Day	19	Age
			Years	61	Months	21	Days
	Sex	Female		Color or Race	White		Birth-place
							Bloom, Md -
	Occupation	Housewife		Where Residing if not at place of death			
				near Bloom-Md -			
Married, Single or Widowed	Married		Name of Wife or Husband		Louis V. Smith		
Father's Name	Isaac Cook				Father's Birthplace	Bloom. Md -	
Mother's Maiden Name	Sarah Powder				Mother's Birthplace	Bloom-Md -	
Name of person giving information	Louis V. Smith				How related to deceased	Husband	
<div>CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary		Typhoid fever			How long	3 weeks
	Immediate		" "			How long	" "
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	E. D. Crout	
					Address	Winfield	
<div>Accident or Suicide?</div>							



Name
in
Full

Charlotte Stansbury

No 82
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} near Miron Mills

County

Carroll

Date

of death 1906

Month

Oct.

Day

9

Years

Age 82

Months

3

Days

4

Sex

Female

Color or
Race

white

Birth-
place

Canoll Co. Md

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
Husband

Stansbury

Father's
Name

Peter Yingling

Father's
Birthplace

Canoll Co Md

Mother's
Maiden Name

Sarah Dell

Mother's
Birthplace

" " "

Name of person giving
In formation

Mrs Jno Crawford

How related
to deceased

Niece

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

Sp. folius cemetery.
~~Stomach~~

Name
in
Full

Mamie Eve Wilson.

No 78
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Westminister		County Carroll		MARYLAND	
Date of death	1906	Month 10	Day 6	Age	Years	Months 3	Days 21
Sex	Female		Color or Race	White		Birth- place	Oakland.
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Ethelbert- Wilson				Father's Birthplace	
Mother's Maiden Name		Mary E Shipley				Mother's Birthplace	
Name of person giving In formation		Ethelbert- Wilson				How related to deceased	
						Father.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Marasmus	How long	its life -
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. F. Shipley, M.D.	
Address		Westminister, Md.	
Accident or Suicide?			

Everney Comely Thompson

Name in Full Myrtle Ethel Yingling		No 85 CERTIFICATE OF DEATH	
Died at Westminster <small>Town</small>		Carroll <small>County</small>	
Date of death 1906		Oct 15 <small>Month Day</small>	
Female <small>Sex</small>		White <small>Color or Race</small>	
3 <small>Months</small>		12 <small>Days</small>	
Birthplace Md.			
Occupation		Where Residing if not at place of death	
Married, Single or Widowed Single		Name of Wife or Husband	
Father's Name Harvey Yingling		Father's Birthplace Md.	
Mother's Maiden Name Mamie Lefford		Mother's Birthplace Md.	
Name of person giving information Harvey Yingling		How related to deceased Father	
CAUSES OF DEATH			
Primary Indigestion		How long 7 days	
Immediate Brain Fever		How long 3 days.	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Chas R Foutz M.D.	
		Address Westminster Md.	
Accident or Suicide?			

Leisters cemetery
Stoner

Name
In
Full

Erera Larue Yingling

No 84
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Craucherry</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death	1906	Month	Oct	Day	13
Sex	Female	Color or Race	White	Age	Years
Occupation	—			Months	Days
Where Residing if not at place of death			Birth-place <i>Carroll Co Md</i>		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<i>Howard Yingling</i>		
Mother's Maiden Name			<i>Laura Bell Miller</i>		
Name of person giving information			<i>Howard Yingling</i>		
Father's Birthplace			<i>Carroll Co Md</i>		
Mother's Birthplace			<i>" " "</i>		
How related to deceased			<i>Tattler</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature</i>	How long	—
Immediate	<i>Jaundice</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Chas. R. Foutz</i>
		Address	<i>Westminster</i>
Accident or Suicide?	—		<i>Md.</i>

Badmians Cuckery
Stoner,

Name
in
Full

William Henry Thomas Yingling

No 81

CERTIFICATE OF DEATH

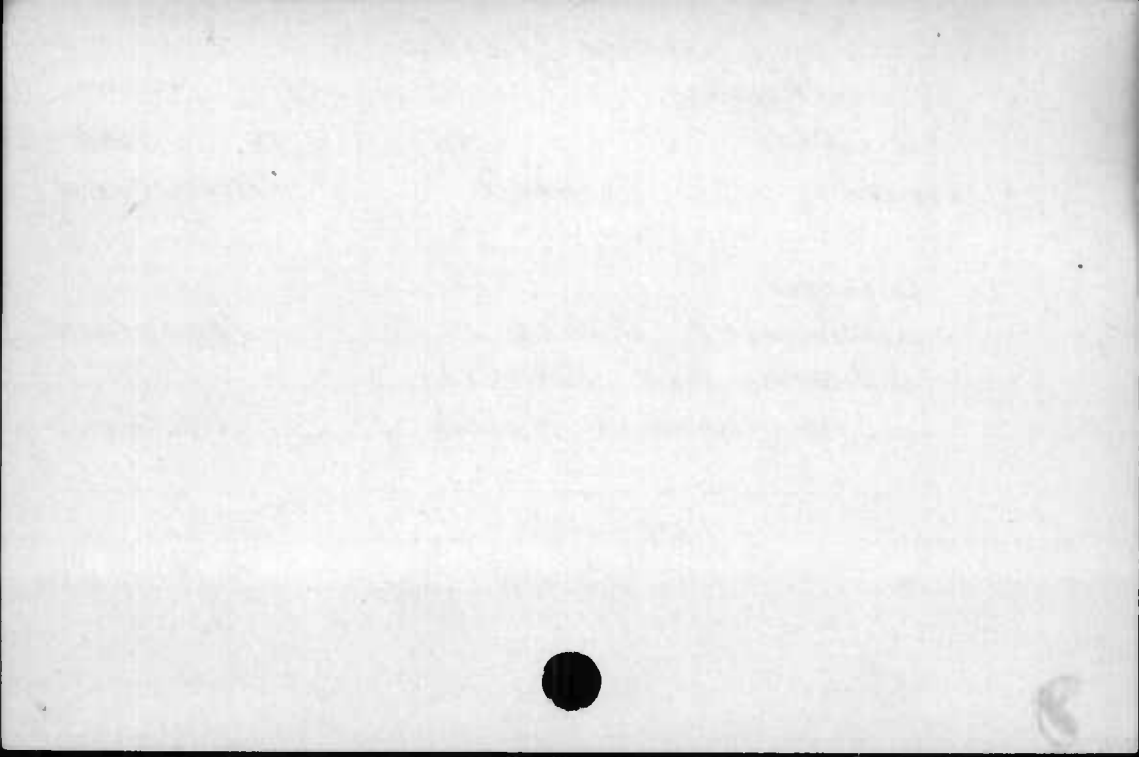
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Westminster</i> <small>Town</small>		<i>Carroll</i> <small>County</small>		MARYLAND	
Date of death	<i>1906</i>	Month	<i>Oct</i>	Day	<i>10</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Years	<i>—</i>
Occupation	<i>—</i>		Birth-place	Months	<i>10</i>
Where Residing if not at place of death			<i>Maryland</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	<i>—</i>	
Father's Name	<i>Vincent Yingling</i>		Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Sarah Bentgraf</i>		Mother's Birthplace	<i>do</i>	
Name of person giving information	<i>Vincent Yingling</i>		How related to deceased	<i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart</i>	How long	<i>11 days</i>
Immediate	<i>Hemorrhage</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>John S. Mathews</i>	
		Address	
		<i>Westminster Md</i>	
Accident or Suicide?			



Name
In
Full

2094
CERTIFICATE OF DEATH

George Paulus Zeller

Town

County

MARYLAND

Died at

Smallwood

Carroll

Date

of death 1906

Month

Oct

Day

30

Age

Years

15

Months

4

Days

27

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

William H Zeller

Father's
Birthplace

Maryland

Mother's
Maiden Name

Whilmaria Magni

Mother's
Birthplace

Kco

Name of person giving
In formation

Whilmaria Zeller

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Hemorrhage

How long

3 days

Immediate

Exhaustion

How long

10 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Chas. R. Foutz

Address

Westminster

Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Copy

Name
In
Full86
CERTIFICATE OF DEATH

Henry Zepf,

Town

County

MARYLAND

Died at Sandysville

Carroll

Date of death 1906 Oct.

Day 16

Age 82

Months

Days

Sex Male

Color or
Race

White

Birth-
place

Md.

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

married

Name of Wife or
Husband

Ellen Sellers

Father's
Name

George W. Zepf

Father's
Birthplace

Md.

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
In formation

John W. Zepf

How related
to deceased

Grand son

CAUSES OF DEATH

Primary

Nephritis

How long

several years

Immediate

Exhaustion uremia

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Chas. R. Fouts

Address

Westminster,

Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Wesley Chapel
Carroll County
Md,